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AUTHOR Purdom, Doris
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ABSTRACT

The study involving 20 hearing and behavior disordered children (8-16 years old) investigated the hypothesis that children who receive individual and/or group counseling, an individualized psycho-educational program in a therapeutic milieu, and whose parents receive individual and/or group counseling will demonstrate more progress in their social and personal interaction with peers, teachers, and other significant adults and in their academic achievement than would students in a similarly identified group who receive only the available educational program in a regular school setting. Prior to and following the treatment period, students were administered achievement tests and were rated by teachers on behavior, cognitive levels, and learning styles. Parents or guardians of each student were also interviewed. Results indicated that Ss receiving the special treatment demonstrated greater progress in all areas (though measures of progress were not statistically significant in academic areas) when compared to a similar group of students who remained in the regular school setting. (Appendixes, which make up approximately half the document, include sections on identification, evaluation, placement, confidentiality of data/records, due process and procedural safeguards, definition, special education program and services, agreement forms, end of month observation form, and monthly progress report.) (SBH)

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A PUBLIC SCHOOL COMPREHENSIVE INTERDISCIPLINARY DAY TREATMENT PROGRAM FOR PREADOLESCENTS AND ADOLESCENTS WITH SEVERE LEARNING AND BEHAVIORAL DISTURBANCES

DORIS PURDOM

DIRECTOR GREENE COUNTY LEARNING CENTER
GREENE COUNTY BOARD OF EDUCATION
XENIA, OHIO

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FOREWORD

In June, 1969, the Joint Commission on Mental Health of Children and Youth reported the findings of a three-year national study which documented the violence, frustration and discontent among youth, the vast number of handicapped pupils, the thousands of children excluded from school and the inexcusable existence of malnutrition among children - all which exploded the myth that we, in America, are a child-centered society. The report also described the existence of ten million people under age twenty-five (25) who were in immediate need of mental health services, but who will go untreated because the needed services do not exist, because of fragmented services or because color or class barriers impede the accessibility of services. (Long, Morse, Newman, 1971). The numbers of people in need have increased considerably.

Further the implementation of Public Law 94-142, October, 1978, and Ohio's Amended House Bill 455, which provides little or no additional financial assistance mandates the provision of a free education for every handicapped child, in the least restrictive environment. The law re-

quires a massive out-reach program to identify, (Appendix 1), all handicapped children more popularly referred to as exceptional children, inclusive of the trainable mentally retarded, educable mentally retarded, learning disabled, blind and partially sighted, deaf and hard of hearing, physically handicapped, multiple handicapped, emotionally disturbed, severe learning and behaviorally disturbed and the gifted. The emphasis is on keeping the pupil in the mainstream of education - a lofty objective.

Sometimes overlooked is the fact that all of the school age population, whether or not handicapped, and their families, as well as those who work with them, have emotions and behaviors, which can be disturbed. It is no longer feasible or possible to hope that the solution of dealing with disturbed emotions and behaviors lies only in community child guidance centers or other therapeutic services.

The current conditions of community mental health and educational services pose some important questions. Are regular classroom teachers and teachers with specialized training really prepared to deal effectively with the charges of PL 94-142? Are Community Mental Health workers really prepared to provide treatment in depth to those with such

needs as well as strive toward primary prevention? Are universities currently prepared to offer the training programs to equip more adequately those people who choose to work in these fields. Perhaps there are no immediate answers.

As a consultant for learning and behaviorally disabled students in the public schools in Greene County, Ohio, for the past ten (10) years as well as more recently being the Director of a program for students with severe learning and behavioral disturbances, this author indicates a psychoeducational bias in the teaching of students with problems. This author also indicates a somewhat eclectic approach toward the re-education and therapy for students and their families, though with emphasis on group process and the psychodynamic, socially competent, ecological model. This study is an attempt to begin to shed some light on the questions posed.

Doris Purdom

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A PUBLIC SCHOOL COMPREHENSIVE INTERDISCIPLINARY DAY TREATMENT PROGRAM FOR PREADOLESCENTS AND ADOLESCENTS WITH SEVERE LEARNING AND BEHAVIORAL DISTURBANCES

INTRODUCTION

The purpose of this exploratory study is to begin the process of answering the following question: Do preadolescents and adolescents who are identified as having severe learning and behavioral disturbances and are consequently excluded from a regular school setting, demonstrate more positive progress in their social and personal interaction with peers, teachers and other significant adults and their academic achievement by participating in a comprehensive, interdisciplinary day treatment program, compared to those preadolescents and adolescents who have similar learning and behavioral disturbances, yet continue in the regular school setting? It is hypothesized that those in the so identified group who receive individual and/or group counseling, an individualized psycho-educational program in a therapeutic milieu and whose parents receive individual and/or group counseling will demonstrate more progress in their social and personal interaction with

peers, teachers, other significant adults and in their academic achievement than will those in a similarly identified group who receive only the available educational program in a regular school setting.

Preadolescents and adolescents are defined as those students who are between a chronological age range of eight (8) to sixteen (16) years. Severe learning disturbances are defined as academic functioning at a level considerably less than what may be expected in terms of general intelligence. Severe behavioral disturbances are defined as patterns of aggressive "acting out" characteristic of borderline personalities and/or extreme primary difficulty with positive, constructive interaction with peers, teachers and other significant adults. Interdisciplinary is defined as combining psychological and educational disciplines in an effort to deal constructively with the students' learning and behavioral disturbances. More specifically, psycho-educational is defined as an assessment of modality strengths and weaknesses, cognitive development, levels of academic achievement and other aspects of learning styles, resulting in appropriately prescribed objectives and teaching methodologies. A therapeutic milieu is defined as a supportive

environment where realistic expectations are established for the individual and the group and adhered to. Individual and/or group counseling is defined as a specially arranged opportunity for the students to recognize, verbalize and attempt to deal appropriately with their feelings. The available educational program in a regular school setting may include a small portion of the day in a resource room or two or three hours per week with a tutor, to supplement the regular classroom work.

There is currently considerable emphasis placed upon public educational programs for many of the exceptionalities, including the trainable mentally retarded, the educable mentally retarded, the learning disabled, the blind, the deaf, the orthopedically handicapped, the multi-handicapped, the autistic, sometimes the gifted, all with varying degrees of success. Even with the development of various programs in special education in the schools, there is continued existence of students whose counter-productive behaviors are manifested by extreme conflictual peer relationships, poor familial adjustment and under achievement in academics. Such students are frequently in conflict with authority figures in the schools, the juvenile justice system and

other components of the community.

In Greene County, the public school personnel attempt to deal with those students who manifest severe learning and behavioral disturbances by adjusting the level of academic programming through placement in special classes in school for those, who, because of limited general intelligence, are classified as educable mentally retarded (EMR). There are special classes in school for those with average and above average ability, who yet have learning disabilities and behavioral disorders (LD/BD). There is individualized, supplementary tutoring. Some schools have group and/or individual counseling. One district provides some parent group counseling. Some districts provide specific in-service training for teachers.

There remains a large number of students who have severe learning and behavioral disturbances who, generally, are suspended and expelled from school and sometimes referred to local social agencies or state facilities. Few are equipped or prepared to handle such students and their families, effectively.

In the program for preadolescents and adolescents with severe learning and behavioral disturbances in Greene

County, known as the Greene County Learning Center, an effort is made to combine a psychodynamic approach with some principles from theories of learning. Through Life Space Interviewing, individual and/or group counseling, attention is given to psychodynamic constructs such as feelings, conflicts, attitudes, values, self concept and identity. Through the use of a modified contingency contracting system, a graphic representation of successes and failures which ultimately include task analysis, sequencing, successive approximation, reinforcement and intermittent contingencies, is provided. By combining the two approaches, it is hoped that the needs of the participants are better met.

Greene County is located in the southwest portion of Ohio, approximately fifteen miles southeast of Dayton, sixty miles west of Columbus and sixty miles north of Cincinnati. Xenia, one of three small cities within the county, is the county seat, and has an estimated population of 28,000 people. The total estimated population of Greene County is 125,700, (1975), which makes it the sixteenth most populous county in the state.

In the fifty years between 1920 and 1970, the

character of Greene County has changed from approximately seventy percent (70%) rural to approximately seventy percent (70%) urban. Wright Patterson Air Force Base, located in Fairborn, another of the three small cities within the county, is a predominant influence. The Base employs approximately twenty thousand (20,000) civilians and military personnel. The high transiency rate contributes to the primarily urban characteristics of the area.

Distinctive cultural characteristics of Greene County stem from the large proportion of the affluent Protestant middle class population. The median family income (1970) places the county third highest in the state. The source of income is from a mixture of government, industry, touristry, agriculture and higher education.

The population is relatively well educated. There are six institutions of higher learning in Greene County and several others in adjoining Montgomery County. One of the institutions of higher learning in Greene County is Antioch College which makes a distinctive cultural contribution to the area. Antioch College, located in Yellow Springs, (a small exempted village in Greene County), historically has been a national and international resource of progressive,

exception of Yellow Springs and Beavercreek which lean slightly toward the non-traditional in the elementary and middle school range. All of the school districts have special education classes of one kind or another. Until recently, there has been no provision in the public schools for those students identified as having severe learning and behavioral disturbances. The reasons for the lack are many and varied. Such programs are costly. There is a lack of properly trained personnel, in both the fields of education and mental health.

The passage of the Mental Health Study Act of 1963, the recommendations of the National Joint Commission to the Congress, plus the election of a sympathetic President, led to action by the Federal Government to pass laws relative to the establishment of community mental health centers. In January, 1968, the elected Commissioners of Greene County and the Department of Mental Health, State of Ohio, appointed various residents of the county to a comprehensive community mental health and retardation board. The board, comprised of a psychiatrist, medical physicians, psychologists, educators and laymen, was charged with the responsibility of developing a plan to provide a full range of ten mental health

services within the county. These were spelled out by the National Institute of Mental Health to include: inpatient services, outpatient services, emergency services, partial hospitalization services, community services, diagnostic services, rehabilitative services, precare and aftercare services, training services and research and evaluation services. (Karno and Schwartz, 1974). The intent of the concept was to discourage and eventually to replace the customary state hospital system. The area of community service referred specifically to consultation services for mental health, with special emphasis on public schools. As a shaping influence the school, like the family, is the place where efforts to prevent and/or treat emotional crippling can be most effective. (Hirschowitz and Levy, 1976).

Almost congruously, the Division of Special Education, a Division of the Department of Education, State of Ohio, was moving ahead in an effort to implement more adequate educational programs within the public schools for those students identified as having learning disabilities and mild behavioral disorders. Consequently, programs for the learning disabled and the mildly behaviorally disordered were developed in all of the school districts in Greene County.

Simultaneously, groundwork was laid for the development of an educational day treatment program for the severe learning and behaviorally disturbed, which ultimately combined special education resources of the public schools with some resources of the Greene County Children's Mental Health Agency, a component of the Community Mental Health Program.

An exploratory descriptive analysis of the educational day treatment program encompassed a vignette of time consisting of one academic year: from September, 1978, through May, 1979. Again, the analysis will explore the question: Do preadolescents and adolescents who are identified as having severe learning and behavioral disturbances and are consequently excluded from a regular classroom setting, demonstrate more positive progress in their social and personal interaction with peers and significant adults and academic achievement by participating in a comprehensive, interdisciplinary day treatment program, compared to those preadolescents and adolescents who have similar learning and behavioral disturbances, yet continue in the regular school setting.

Those students enrolled in the day treatment program comprised the experimental group. Pre and post treatment

measures consisted of achievement levels in reading, spelling, arithmetic-math, and general information, using standardized achievement tests, administered by the teachers; a scaled rating of the students' behavior, with ratings made by both the teacher of the student and one parent; also a scaled rating of the students' modality strengths, learning styles and cognitive levels, with ratings made by the teacher. Other qualitative data were also included.

The experimental group received a special individualized educational program. Life space interviewing techniques, combined with a modified contingency contracting system were utilized to handle behavioral incidents within the classroom or while in the company of the teacher. Some group and/or individual counseling was provided by the teachers and by personnel from the Children's Mental Health Agency. When possible, it was the intention that the parents of the students were to receive counseling from the Children's Mental Health Agency.

Those identified students who continued in the regular school setting comprised the control group. Those in the control group received the educational program available in the regular school setting. The identical pre and post measures were administered to the students in the control group,

by their teachers. The same kind of qualitative data were collected for the control group as were collected for the experimental group.

HISTORICAL FRAMEWORK

Schlesginger (1965), states that self knowledge for a system begins with history. Before the existence of school systems as major social institutions, education was provided by families to their children. Primitive societies taught their children those skills needed for survival - largely imitative and preceptorial in nature. With the development of civilization, education focused more on communicative skills and on matters relative to religious and other cultural aspects of society. The earliest organized schools were religious in nature. Most of the cultural rules and rituals were related in a religious context. (Atkinson and Maleska, 1962).

Education relative to social rank developed in ancient Rome for the teaching of the liberal arts and continued into the middle ages - teaching the chivalric code and way of life to the sons of the upper classes. Lower class children learned the trades appropriate to their stations in life though apprenticeship. Meanwhile, church related schools developed and became the dominant schools of the European middle ages. During colonial days in the United States, there was more emphasis on public schools than ex-

isted in European countries of that time. Reflecting the general tenet of the separation of church and state, the American public schools systems were secular in nature. (Atkinson and Maleska, 1962).

The American philosophy of education, in essence, implies that each child is entitled to those educational experiences which enhance his individuality and potential and to those experiences which equip him to live in an ever increasing complex society. (Atkinson and Maleska, 1962). In 1938, the Educational Policies Commission of the National Educational Association issued the definition of the aims of American education stating four broad objectives: self-realization, human relationship, civic responsibility and economic efficiency. (Ed. Pol. Com. of N.E.A. and Am. Assn. School Admin., 1938). The four broad objectives of the Educational Policies Commission imply that education is an "acculturative" system. With the development of universal public education, schools have largely replaced parents. Dilution of parental control over the acculturative process may lead to considerable anxiety on the part of the parents, sometimes precipitating large amounts of displaced anger upon the people in the schools. Generally, however, parents and

educators are comforted in knowing that the innate integrative and maturational drives of children will tend to lead to growth and development, no matter what is done. Schools do reasonably well with the acculturation by concentrating on a standardized program aimed at the conforming majority. Those children who are exceptional on either end of a number of continuums, present another problem. (Karno and Schwartz, 1974). Some critics feel that education has failed grossly. (Silberman, 1970). However, others feel that in situations of failure or crises it is much easier to project blame outward than it is to implicate the ways of thinking and the consequences for actions. (Sarason, 1971).

Historically, attitudes toward the mentally or behaviorally disturbed have swung like a pendulum within the primitive period, the Greek and Roman period, the Middle Ages, the sixteenth and seventeenth centuries and the eighteenth century through contemporary times. (Hewett, Forness, 1977). A belief that behavioral disturbances were the result of demons that had taken possession of a person are reflected in some early writings of the Chinese, Egyptians and Greeks. Ancient Hebrews thought such disorders represented the wrath and punishment of God. Exorcism was the

primary treatment: driving the spirit from the possessed through prayer, incantations, purgatives, flogging or starving. (Coleman, 1972). However, in some parts of China, a tradition of kindness and understanding existed toward the behaviorally disturbed. The ideal of individual human worth first emerged in the Orient. (Zilboorg and Henry, 1948). Plato stated that the care of the behaviorally disturbed be assumed by the family in the best way they could or the family must pay a fine. (Coleman, 1972). The Greeks and Romans achieved brief periods of naturalism and humanitarianism toward disturbed people. In the Middle Ages, the causes of deviant behavior were linked to the influence of Satan and could only be turned to good by a gratuitous act of God. Treatment, which was primarily kindness and mild forms of "exorcism" such as "laying on of hands", was left largely to priests. (Durant, 1950). With the growth of theological beliefs concerning the causes of mental disturbances, gentle treatment gave way to extreme brutal measures, which persisted into the 16th and 17th centuries. In the 18th century, the pendulum gradually moved toward a trend of humanitarianism: concern for and education of the individual. (Durant and Durant, 1963). The agents of pen-

dulum movement in the 19th century were individuals - physicians and educators - who instituted a remarkable period of reform and service for the exceptional individual. With the work of Charcot, Janet and Freud, a greater understanding of the role of psychological factors of inner life emerged. (Zilboorg and Henry, 1941).

Though Freud began his professional life as an neurologist, he, early on, recognized the limitations of the medical and physiological aspects of treating certain illnesses and emotional disturbances. Emerging from his own self analysis to develop psychoanalysis as a specialty, he treated wealthy, Viennese women. (Trilling and Marcus, 1961). Psychoanalysis and individual psychotherapy is still available only to those who can financially afford it.

The Community Mental Health movement is concerned with providing supportive mental health services to those who can not afford it. Mental hygiene in the classroom is of utmost importance. (Redl, 1951).

> The common general interest of those active in community mental health is to change society itself. More specifically, the aim of community mental health is to alter the ways in which society promotes the mental health of all its citizens and responds to mental illness in some of them. (Karno and Schwartz, 1974).

With the development of community mental health centers, many analytically oriented psychiatrists are turning from the traditional role of a clinician in a private office, dealing on a one to one basis, to "consultant" in public schools. Teachers, who are so important to children, generally do not have the depth of understanding so essential to a student's future direction in his life. (Vanderpol in Hirschowitz and Levy, 1976).

Minuchin, (1974), assumes that the child's development depends on the primary social systems within which he grows. Such primary systems function through complex and interactive patterns. In the current era and culture, the major social context for the child is the family. Minuchin, (1974), states that if we are to understand the optimal conditions for child growth, we must understand the ecology of the family and the structures and adaptations that make for effective family functioning. Looking from the individual to the environment, Redl suggests that behavioral disturbance may be indicative of jeopardized emotional health or character development. On the other hand such behavioral disturbance may be a symptom of a conflict not entirely from within but may be a healthy symptom "attributable to a world

which is doing something wrong to the youngster". (Long, Morse, Newman, 1971).

Even with such a brief recapitulation of attitudes over the ages, the range of services available to help the behaviorally disturbed to develop and utilize their true potential are greater today than ever before. Treatment and education can make a difference.

REVIEW OF LITERATURE

Various residential programs are in existence for the behaviorally disturbed. Bruno Bettelheim is a strong proponent of psychotherapy on a twenty-four hour basis in a residential setting. The goal is to remove the children from the home environment and provide support and satisfaction to their needs all day, for as long as it takes, to reduce all the environmental pressures and the child's fears and anxieties. (Bettelheim, 1967).

Project Re-Ed, involving Cumberland House Elementary School in Nashville, Tennessee, and Wright School in Durham, North Carolina, offered a short term residential program for preadolescent children who were too disturbed to remain at home or in a regular school but who did not require hospitalization. After Re-Ed, the children were seen by the

parents and teachers as more relaxed, less aggressive, and disruptive, harder working, more able to face new or difficult situations and having better relationships with their classmates. The children also demonstrated progress in academic adequacy in one of the schools but they were not up to age or grade equivalencies. (Weinstein, 1969).

In 1942, Redl founded The Detroit Group Project, "an agency to serve other agencies", a pioneering effort to offer group therapy to children. The Detroit Project became a ready made "tool kit" for the opening of Pioneer House, an experimental "group therapy home", for a small number of children. Three tasks were interwoven into the basic design and experimented with: (1) To find out what children who hate, are really like; (2) To find out how people who live with such children can survive; (3) To find out just how such youngsters can really be treated. It was assumed that the best way to find out about such children was to live with them,"in action", rather than only in a "discussion" type atmosphere. (Redl, 1957). The findings of The Detroit Project and the experimental Pioneer House continue to be an invaluable contribution to those who work and deal with children who cannot adequately cope and function

within their environments.

An orientation from the findings that focuses on the inner life of the child and understanding the psychological conflicts is Life Space Interviewing. (Redl, 1959). The technique gives therapeutic assistance by having the teacher and the child discuss the events associated with a problem in school. The teacher focuses on the environmental situation, what precipitated the problem and how the problem may be avoided in the future. The psychodynamics of the problem are not dealt with as they might be in a formal therapy session with a psychiatrist or a psychologist. The Life Space Interview technique aims at strengthening the child's coping skills to enable him or her to deal with the demands of the environment. The concept of social consequences is emphasized and the approach includes a therapeutic relationship between teacher and child.

In a national study of school programs for disturbed children the Life Space Interview or some form of counseling on an individual basis was one way used to manage classroom behavior. Another was indirect - attempts to maintain a good program and reasonable routine and prevent problems arising. Another method excluded the student from the class-

room until he or she said he was ready to return. (Morse, Cutler & Fink, 1964).

Application of behavior modification approaches to the treatment of severe behavioral disturbances began in the 1960's and is currently used by many practitioners. Generally, the person working with the disturbed individual concentrates on observable behaviors and rewards positive responses immediately and ignores or punishes maladaptive responses. Though there is little sound research and reporting, the field of behavior modification has developed rapidly and some of its most impressive accomplishments have occurred with severely emotionally disturbed children. (Hewett and Forness, 1977).

The Santa Monica Project was designed to use six (6) public school classrooms composed of children with learning and behavioral problems and assess the effectiveness of an engineered classroom. The control condition provided any type program the teacher chose except the consistent use of token and tangible rewards. Attention to task gains in achievement of arithmetic fundamentals were found to be significantly correlated with the engineered design. (Hewett, Taylor, Artuso, 1969).

Heretofore, severely behaviorally disturbed children were generally placed in residential institutions or hospital schools - seldom in public school programs. Recently, however, more public schools have included autistic and severely disturbed children in day programs. The educational programs for such children usually focus on individual or small group activities. (Hewett and Forness, 1977).

Vitamins have been used in the treatment of children considered schizophrenic or autistic. In a national study conducted on the effects of vitamins, especially C and B_3, on autistic children, eighty (80) percent demonstrated from "slight" to "striking" improvement. (Rimland, 1969).

THE EXPLORATORY PROGRAM DESCRIBED HEREIN

An effort to bring together the best of the available resources from education and community mental health, precipitated the current program for disturbed adolescents and preadolescents in Greene County. The program is unique in that it serves both preadolescents and adolescents and the focus is upon the students' individual special educational and psycho-social needs at school, as well as attention to positive teacher-student interaction and an attempt to alter the environment of the student at home, through

counseling with the parents. Open communication between parents and teachers is encouraged. The inclusion of the work with the parents which attends to interaction of the various members of the family, their individual needs, proper nutrition, the establishment of realistic expectations and limitations for the student at home, with emphasis on supportive firmness in establishing and maintaining boundaries, when accomplished, may have immeasurable long range effects. The concurrent attention to all the components of the students' environment distinguishes this educational day treatment program in comparison to other programs in public schools and provides the possibility for increased effectiveness.

The major overall objective of the program is to prepare the student to enable him or her to return to a regular classroom, demonstrating positive interpersonal and social interaction, with confidence in appropriate academic achievement. Another general objective is to demonstrate that resources of the public schools and the children's community mental health program can be combined in a cooperative effort to meet the educational and psychological needs of those students recognized as having severe learning and behavioral disturbances. Considerable emphasis is placed

on group process and staff development. The development of staff focuses on behaviors - changes in staff behavior as well as refining their observational skills and discernment of what the students' behavior means - how their behavior affects the students' behavior and production. Figure 1 is a graphic representation of the conceptual framework of the program at the Learning Center.

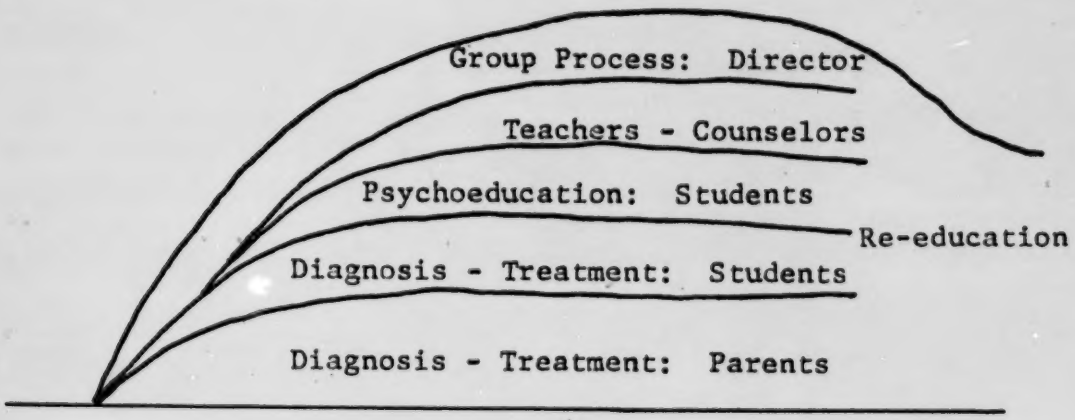


Figure 1. Conceptual Framework of Program at the Learning Center.

METHOD

Background Information: Insomuch as the program for students with severe learning and behavioral disturbances is a cooperative effort of the Greene County public schools and the Greene County Children's Mental Health Agency, a component of the Community Mental Health System, it is important to understand the process by which the program developed. Periodically, personnel from the Division of Special Education, State of Ohio, hold statewide and regional meetings for the purpose of informing and updating selected public school officials of new rules and regulations, new standards and new programs for the education of the handicapped. At one such meeting, the seed of the idea of combining certain funds and resources from the Division of Special Education and Community Mental Health Centers, to develop educational day treatment programs for students identified as having severe behavioral disturbances, was planted.

Subsequently, superintendents of all the school districts in Greene County were contacted and meetings arranged in order to explain the concept and acquire permission to

conduct a survey to determine the need for such a program. Once the need was determined, there were further meetings involving personnel from the Division of Special Education, representatives from the school districts, and personnel from the Comprehensive Community Mental Health Agency, to establish general guidelines for the implementation of an educational day treatment program for students in the public schools.

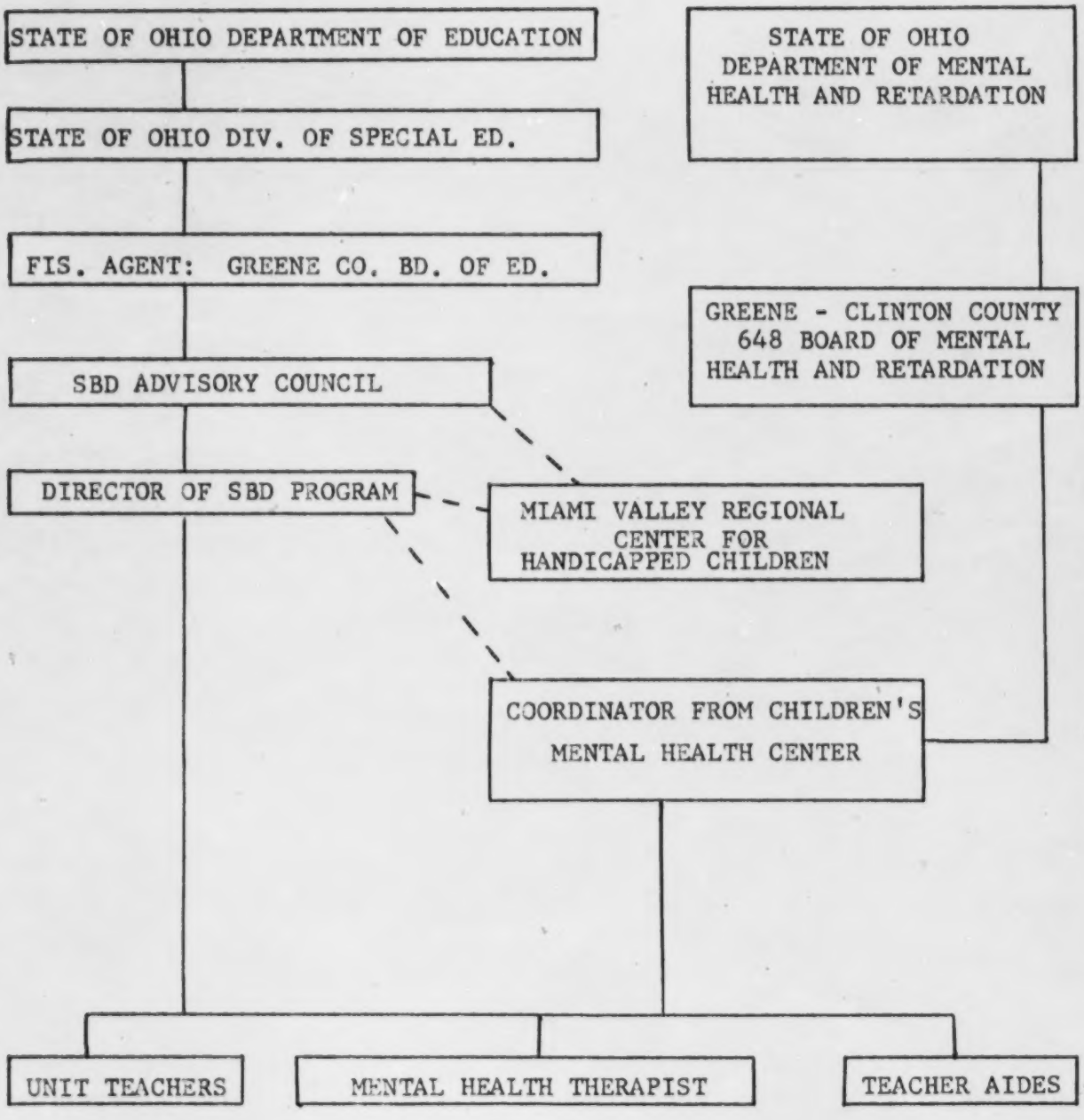
An Advisory Council, comprised of representatives from each school district, the Children's Mental Health Agency and citizenry, was created. More specific guidelines for the program evolved from various meetings of the Advisory Council. The Council selected the Greene County Board of Education as the fiscal agent, because the bulk of the funds for the program were to come from the Division of Special Education. The Greene County Board of Education approved the program and responsibilities were assigned.

A comprehensive plan for the program was then written and submitted to the Division of Special Education, for funding. The request was granted. A contract for services from the Children's Mental Health Agency was agreed upon. The program for students with severe learning and behavioral

disturbances in the Greene County Public Schools, hereafter referred to as the Learning Center, was born. Figure 2, graphically demonstrates the flow of the organization and combination of agencies.

Identification, Referral and Enrollment: Public Law 94-142, a federal law regarding the education of the handicapped and the Amended Substitute House Bill 455, State of Ohio, relative to the implementation of the federal law, establishes the procedures for determining the "least restrictive alternative" for the education of any identified handicapped student, (Figure 3). Specific provisions are made regarding: identification, (Appendix 1); evaluation, (Appendix 2); placement and program, (Appendix 3); confidentiality of data and records, (Appendix 4); due process and procedural safeguards, (Appendix 5); definitions, (Appendix 6); a description of all available special education programs and services, with information for parents, (Appendix 7). (Miami Valley Regional Center for Handicapped Children).

Identified students are enrolled in the program at the Learning Center in full compliance with the law. Further, parents of prospective students are given a brief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DIRECTOR OF SBD PROGRAM
STATE OF OHIO DEPARTMENT OF MENTAL HEALTH AND RETARDATION
GREENE - CLINTON COUNTY 648 BOARD OF MENTAL HEALTH AND RETARDATION
MIAMI VALLEY REGIONAL CENTER FOR HANDICAPPED CHILDREN
COORDINATOR FROM CHILDREN'S MENTAL HEALTH CENTER
UNIT TEACHERS
MENTAL HEALTH THERAPIST
TEACHER AIDES

Figure 2.

FLOW CHART

(EVALUATION AND PLACEMENT OF HANDICAPPED PUPILS)

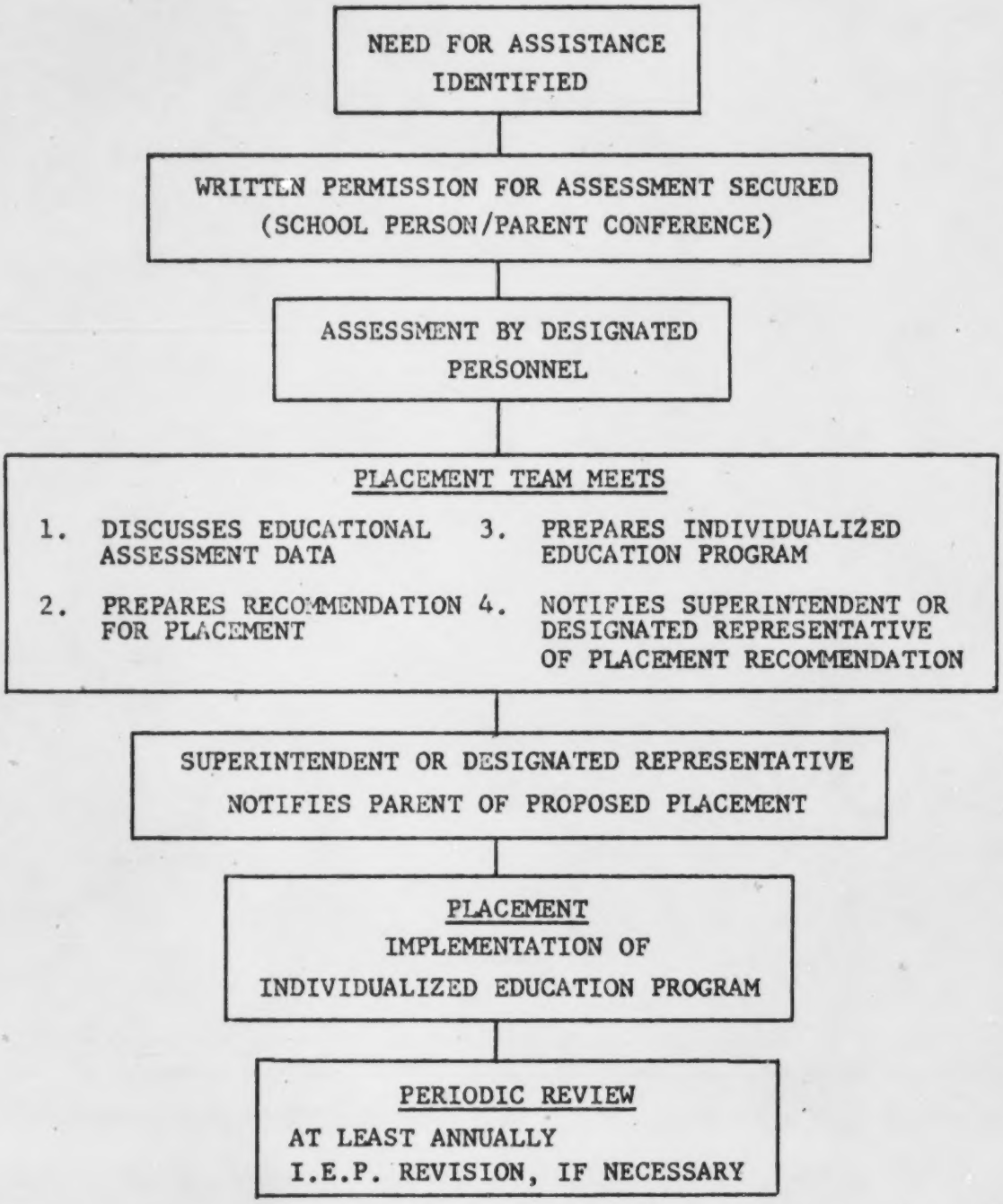

NEED FOR ASSISTANCE IDENTIFIED
WRITTEN PERMISSION FOR ASSESSMENT SECURED (SCHOOL PERSON/PARENT CONFERENCE)
ASSESSMENT BY DESIGNATED PERSONNEL
PLACEMENT TEAM MEETS
1. DISCUSSES EDUCATIONAL ASSESSMENT DATA
2. PREPARES RECOMMENDATION FOR PLACEMENT
3. PREPARES INDIVIDUALIZED EDUCATION PROGRAM
4. NOTIFIES SUPERINTENDENT OR DESIGNATED REPRESENTATIVE OF PLACEMENT RECOMMENDATION
SUPERINTENDENT OR DESIGNATED REPRESENTATIVE NOTIFIES PARENT OF PROPOSED PLACEMENT
PLACEMENT
IMPLEMENTATION OF INDIVIDUALIZED EDUCATION PROGRAM
PERIODIC REVIEW
AT LEAST ANNUALLY
I.E.P. REVISION, IF NECESSARY

Figure 3.

description of the program in the form of "eleven important questions", (Appendix 8). Before students are enrolled, parents are also asked to sign an agreement to participate in an appropriate therapeutic modality, while their son or daughter is enrolled in the program, (Appendix 9). The student is also asked to sign an agreement that he/she understands the program and to indicate willingness to participate, (Appendix 10). A summary, (Appendix 11), of the students' academic achievement levels, a description of the behavior and other observations is prepared by a designated person in the home school. All of the information regarding the student is then forwarded to the Director of the Learning Center.

The Director of the Learning Center and the Director of the Children's Mental Health Agency are designated as the admissions committee for the program. The information regarding the student is reviewed and the student is either placed in an appropriate classroom at the Center or placed on a waiting list. The total enrollment at the Center currently cannot exceed twenty-four (24) students. Thus, it is often necessary to place students on a waiting list. Generally, students are enrolled at the Learning Center,

relative to the need, a possible prognosis and the number of students already enrolled from the referring district. An effort is made to pro-rate the number of students enrolled according to the size of the school district - the larger districts having a larger number of students enrolled than the smaller districts - though such is not always the case because of the urgency of the students' needs sometimes supercedes the pro-rating for the district.

Site: The equivalent of standard, regular classrooms are rented, away from the regular school setting. The Learning Center is not housed in a regular school setting because the students, in most cases, have had negative experiences in school, thus tend to react poorly in a traditional school environment. Currently, the Learning Center is housed in temporary classroom modules near an elementary school in Xenia, Ohio.

Transportation: Each student enrolled at the Learning Center is picked up at home in the morning and returned to the home each afternoon in a regular school bus. The bus is provided through arrangements made with the transportation department at the Miami Valley Regional Center for Handicapped Children. The bus has one adult aide who rides

at all times with the students.

Staff: Each teacher at the Learning Center is certified by the State of Ohio in the category of Learning Disabilities and Behavioral Disorders (LD/BD). The teachers' aides must have the equivalent of a high school diploma and be certified by the State of Ohio as a teacher's aide. Currently, the teachers' aides at the Learning Center all have college degrees.

One teacher and one teacher's aide is assigned to each classroom at the Center. Each classroom has a maximum of eight (8) students, and by State standards, no more than a forty-eight (48) month age range. The age range among the students in the classrooms at the Learning Center is currently twenty-four (24) to thirty-six (36) months.

Though certification of the teachers and aides is required by law, an even more crucial prerequisite for the teachers is that they are able to perceive the emotional needs of the students, as well as the academic needs. The teachers must be sensitive and able to empathize with the students, be supportive, yet maintain realistic expectations and limitations within the classroom.

One counselor from the Children's Mental Health

Agency is assigned directly to the program at the Learning Center. The assigned counselor and seven other counselors from the Children's Agency act as case managers for the students enrolled at the Learning Center. The Director of the Children's Mental Health Agency, a clinical psychologist coordinates the services from the agency. The Director of the Learning Center, a certified specialist in the administration of special education, and an intern in clinical psychology, oversees and directs the operation of the entire program.

Procedure: The purpose of this study was to compare the behavioral progress of a group of male preadolescents and adolescents identified as having severe learning and behavioral disturbances, who received interdisciplinary day treatment away from the regular school setting, with that of a similarly identified group which received the available educational program within the regular school setting. The two groups were matched as much as possible regarding IQ, age and socio-economic level. There was a preponderance of males in the day treatment program. Therefore, twenty (20) male preadolescents and adolescents from the three classes at the Greene County Learning Center comprised the experimental group. The members of the group, hereafter referred to as LC, were within a chronological age range of eight (8) and sixteen (16) years. Those students in LC were referred and selected to participate in the educational day treatment program on the basis of consideration of the following criteria, (not necessarily inclusive symptomatology):

1. Exclusion from one or more classes
2. Repeated suspension from school for noncompliance to school rules and regulations
3. Ineffectual academic performance
4. Inordinate physical aggression towards others
5. Overt aggressive damage to property

Many of those in LC have experimented with drugs and alcohol but none is, or was, in a state of chemical dependency. Few of them were on any prescribed medication.

Prior to receiving treatment at the Center, each student in LC was given a standardized IQ test, administered by a qualified psychologist, in most cases, a school psychologist. Each was given a medical examination, conducted by a qualified medical physician.

Insomuch as there are no standardized academic achievement tests constructed specifically for students with severe learning and behavioral disturbances, a selection was made from those available standardized instruments, to be used as a quantitative measure of academic achievement. Prior to treatment, each student in LC was given the following achievement tests, administered by the teacher:

1. Woodcock Reading Mastery Test (Form B)

    A. Letter Recognition
    B. Word Identification
    C. Word Attack
    D. Word Comprehension
    E. Passage Comprehension

The reliability of the Woodcock Reading Mastery Tests is established in respect to three (3) kinds of information: split half reliabilities, test-retest alternate-form reli-

abilities and standard errors of measurement. All split half reliability values have been corrected for test length by the Spearman-Brown formula with coefficient values for each subtest within the range of .76 to .99. Correlations between two administrations of each subtest have values within the range of .16 and .97. A Rosch-Wright analysis estimates the standard error of measurement in ability units for each possible raw score for a test. Generally, when a single form of the test has been administered to a subject, the standard error of measurement will be three or four mastery score units.

Regarding content validity, each item in each subtest represents an actual task drawn from the domain of reading: tasks of identification, word attack and comprehension. Other evidence related to validity is drawn from a multitrait-multimethod matrix analysis, further intercorrelation data and a predictive study, all with adequate summaries. (Woodcock, 1973). The (R) reading grade equivalent score was used as the basis of measurement.

2. Peabody Individual Achievement Test (PIAT)
   A. Mathematics
   B. Spelling
   C. General Information

The reliability coefficients for the PIAT have an overall

median of .78. Test-retest reliability, standard errors of measurement for raw scores and other intercorrelational coefficients between subtest raw scores, all have adequate summaries.

Regarding content validity, all subtests of the PIAT were constructed to provide a wide range, quick screening assessment, made up of selected items relative to the subject area. The content was selected so as to minimize bias toward any particular curricular approach such as "modern math" or "look and say" or "phonics". Regarding concurrent validity, an overall median correlation of .57 was obtained, using the results of the Peabody Picture Vocabulary Test (PPVT), with the results of the PIAT. (Dunn and Markwardt, 1970). Grade equivalent scores were used as the basis of measurement.

After two weeks in the program, as a qualitative measure, the teacher rated the behavior of each student in LC on a five (5) point rating scale, (Battle, 1978), with items on the scale relative to three (3) major variables:

A. Relationship with Adults
B. Relationship with Peers
C. Personal and Emotional Characteristics

The scale had a total of sixty-six (66) items, thirteen (13) items relative to relationship with adults; eighteen (18) relative to relationship with peers and thirty-five (35) items

relative to personal and emotional characteristics. An example of one statement included under each of the variables is as follows:

Relationship with Adults:

Complies when asked to do something by adults	Strength	Problem	Not Import.
never rarely sometimes often always	____	____	____

Relationship with Peers:

Purposely destroys property of other students	Strength	Problem	Not Import.
never rarely sometimes often always	____	____	____

Personal and Emotional Characteristics:

Has a good sense of humor	Strength	Problem	Not Import.
never rarely sometimes often always	____	____	____

Each statement on the scale was also rated on a three (3) point scale to indicate whether the rater saw the indication of the item as a strength, as not important or as a problem.

The teacher also rated the modalities, cognitive levels and learning styles of each student on a five (5) point scale, (Purdom, 1978), and the indication of the item as a strength, as not important or as a problem, on a three (3) point scale. The scale included thirty-eight (38) items, eleven (11)

relative to visual perception; five (5) relative to auditory perception; six (6) relative to memory; five (5) relative to language development; eight (8) relative to other aspects of learning style and three (3) relative to mental development.

A. Visual Perception
B. Auditory Perception
C. Memory
D. Language Development
E. Other Aspects of Learning Style
F. Mental Development

An example of an item included under each of the variables is as follows:

Visual Perception:

Maintains place while reading.	Strength	Problem	Not Import.
always often sometimes rarely never	___	___	___

Auditory Perception:

Can analyze a word into its parts.	Strength	Problem	Not Import.
always often sometimes rarely never	___	___	___

Memory:

Can follow lengthy spoken directions.	Strength	Problem	Not Import.
always often sometimes rarely never	___	___	___

Language Development:

Can easily find words to express himself.	Strength	Problem	Not Import.
always often sometimes rarely never	___	___	___

Other Aspects of Learning Style:

Student requires quietness while working.	Strength	Problem	Not Import.
always often sometimes rarely never	___	___	___

Mental Development:

Student needs manipulative materials to begin to perceive a concept, (concrete)	Strength	Problem	Not Import.
always often sometimes rarely never	___	___	___

Correlation coefficients to determine inter rater consistency of each statement had a median of .60, on both sets of scales.[1] Regarding content validity of the scales, each statement listed under each of the major variables, was a statement of a particular behavior relative to the major variable. The rating scales are currently being further

[1]Recognition and appreciation are hereby given to Richard Zelonka, a member of this author's doctoral committee, who directed the computation of the inter rater consistency of each statement on each of the scales.

refined.

Prior to the beginning of the day treatment program, the parents or guardians of each student in LC were interviewed by the Director of the program, in order to gather more pertinent information, (Appendix 12). One of the parents or one of the guardians of each student also rated the behavior of the student on the same rating scale, (Battle, 1978), as the teacher had, for each student.

Twenty (20) male preadolescents and adolescents who had been identified as having learning and behavioral disturbances similar to those enrolled in LC and who were within a chronological age range of eight (8) and sixteen (16) years, comprised the control group of students who remained in the regular school setting. The control group is hereafter referred to as RS.

Each student in RS received the precise same pre-examinations, achievement tests and ratings as those in LC received. These included the IQ tests, administered by a qualified psychologist and a medical examination, conducted by a qualified medical physician and ratings on the behavioral scale by the teacher and one parent. Ratings on the modalities, cognition and learning styles were made by the teacher.

Both the teachers and the parents of those students in LC and RS knew which students were in the educational day treatment experimental group and which were in the control group which remained in the regular school setting. The students in RS received help from the available resources in the regular school setting such as a tutor, (certified to work with learning and behaviorally disturbed, LD/BD, students), for a small portion of a day; some students had one or more classes with a certified LD/BD teacher in a resource room; some received intermittent counseling from the tutor, the resource room teacher and/or the principal of the school. There was certainly some expectation of progress and improvement of the RS student. It may be noted here that because of the conditions relative to this author's professional position, it was necessary to fulfill the responsibilities as consultant to the LD/BD teachers of the RS students as well as to the teachers of LC. Consequently, the rating scales are cited only as a qualitative measure of problem areas of the student.

Education and Treatment of LC: There were several elements included in the educational and therapeutic procedures for those in LC. The educational procedures included

establishment of objectives in both the academic and behavioral areas, adapted curriculum, a specific plan of the day, charting behaviors of the students, development of therapeutic relationships between teachers and students, and individual and/or group counseling for students and parents.

From the pre-measures, the teacher of each student constructed objectives for the individual to work toward and achieve in both the academic and the behavioral areas. Initially, in the academic areas, a review of already learned material was given in order to provide the student with a measure of success. From the indications on the modality, cognition and learning style scale, the teachers attempted to emphasize the strong modality in their teaching method. Attention was given to various other aspects of the student's learning style, as well. (Dunn & Dunn). Attention was also given to the cognitive level of the student, using concrete, manipulative materials for those who required them.

The curriculum was generally geared to the curriculum used in the home school which the student had attended. Where it was possible and appropriate, content in the subject areas was supplemented to help the student become aware

of his heritage, environment and community life with reading material related to mythology, early history, Old Testament, man and animals, man and plants and man and stone. The essence of the supplementation was to attempt to counteract lack of belief, negation, maladjustment and delinquency -- attending to the development of the human being in order to enhance integration of the physical, emotional and spiritual aspects of the student. (Harwood, 1967).

Structure, "what comes next", was a very important component of the treatment. The plan of the day was organized into four parts from morning through afternoon:

1. Main lessons - included individual and group work - 2 to 2½ hours.
2. Group Work - lunch with emphasis on nutrition, table manners, conversation, also included a circle, following lunch, where the students had an opportunity to discuss feelings, attitudes, conflicts, values and self concepts - 1 hour.
3. Handwork - Braiding, knitting, macrame, plane modeling, wood carving and painting. Emphasis was placed on completion of a project, once undertaken - 1 hour.
4. Relaxation exercises - psycho-kinetic exercises - end of the day teacher and individual student conferences - 1 hour.

Adaptations of the plan of the day had to be made on those days when there was physical education or swimming.

Students' behaviors, both appropriate and inappro-

priate, were charted throughout the day. A modified contingency contracting system regarding behavior and academic work, with successes and failures posted in the classroom provided the student with a graphic representation of his efforts. The contracting system was the vehicle used to enable the student to progress through a number of levels with the student assuming more responsibility for his behavior, as he moved through the various levels, (Appendix 15). Each teacher had a conference with each individual at the end of the day at which time the principles of the Life Space Interview were adapted and the conditions of a contract for the next day were agreed upon by both the teacher and the student.

The teachers of the students in LC made a special effort to develop therapeutic relationships with the students. The atmosphere of the classroom was generally supportive, though realistic expectations and limitations were established and adhered to, in a supportive, yet firm manner, which hopefully helps the student progress constructively in his development. There were times when students had to be given "time out", short periods away from the classroom, accompanied by the aide - time to calm down. There were

also times when the student had to be given a whole day "time out".

To deal with maladaptive behaviors and incidents in the classroom, the teachers basically used principles of the techniques of the Life Space Interview: emotional first aid, such as "time out", when the student was too upset to talk about the incident; when possible, talking with the individual and/or the group in an effort to increase the perception of the interaction involved in the incident, with an attempt to point up awareness and alternative choices of behavior. (Redl, 1959). The teachers kept records of various changes observed in the behaviors and attitudes of each student, (Appendix 13). The teachers also kept records of various roles which the student assumed within the group and changes in those roles, (Appendix 14). Much emphasis was placed on the individual as well as on the function of the group.

In addition to the teacher's work with each individual and the group in LC, the counselor from the Children's Agency had a group meeting with each of the preadolescent groups once a week for one half (½) hour. Six (6) of the preadolescents had an opportunity to participate in social skills groups at the Children's Agency, after school hours.

Three (3) of the preadolescents received individual counseling at the Children's Agency after school hours. The counselor from the Children's Agency did not work with the adolescent group. All of the work with the adolescents was done by the teacher and the teacher's aide with the guidance of the Director. Such was so for the parents of the adolescents as well.

The families of the students in LC were assigned to counselors at the Children's Agency, to receive family counseling. However, only five (5) of the twenty (20) LC families were seen by counselors at the mental health agency. Three (3) families were seen rather regularly. Two (2) families were seen on an irregular basis. One (1) family chose to receive therapy from a private practitioner. The assigned counselors of the remaining fourteen (14) families stated that the families were not "workable" because they wouldn't come to the agency, or when home visits were made, the families wouldn't cooperate or participate. After two or three visits to the home, the counselors abandoned their charge. For two of the families, other social agencies such as the County Children's Services were involved to provide food, clothing, money, medical care and upon occasion, tem-

porary foster placement.

The counselors from the mental health agency did not keep diagnostic notes, prepare treatment plans or keep adequate progress notes for the families of students worked with, nor was there any adequate documentation kept by the counselors for the individuals with whom they worked. Consequently, there is very little organized information regarding the work of the counselors from the mental health agency other than the number of families and individuals seen.

Throughout the year the teachers had at least two scheduled conferences with the parents of each student. In addition, the teachers had constant contact with the parents by telephone and arranged extra conferences when it appeared to be necessary. The parents of all the students also met with the Director every two months, to discuss items of general concern and interest. It might be added that the parents felt free and did call the Director of the program, regarding personal problems.

In an effort to maintain contact with the home school of the student, the teachers prepared monthly reports, (Appendix 16), for each one. These reports were forwarded

to the principal of the building where the student had attended previously. The student was also given a quarterly progress report with a copy sent to the home school, in order to assure that the student would receive credit for the academic work.

Education and Treatment of RS: Those students in RS received the educational program available in the regular school setting. Some had one class with a teacher certified in LD/BD. Some of the preadolescents had more than one class with a teacher certified for teaching LD/BD. At least one of the adolescents received supplementary tutoring in the academic areas. As mentioned earlier, it was also the responsibility of this author to provide consultation to the teachers of RS. The teachers of those in RS prepared instructional objectives for the students.

Work with the behavior of the students in RS was limited to what the teachers and principal could do. There was no planned work with the behavior of the students in RS.

There was no work with the parents of the students in RS, unless they sought help for themselves. Whether any of them did is not known. The school scheduled two parent conferences during the school year to provide an opportunity

for the parents to discuss the progress of the student. The number of the parents of students in RS who participated in the scheduled conferences is not known.

As mentioned previously, this exploratory descriptive study encompassed only one academic year, from September, 1978, through May, 1979. All of the students in both LC and RS had a history of learning and behavioral disturbances. All of them had received some kind of help prior to this study. The kind and quality of the help which all of them had received previously is not known.

Following Treatment of LC: At the end of the academic year, May, 1979, each student in the LC experimental group was administered the same achievement tests as had been administered prior to treatment. Ratings were made on both of the rating scales by the teacher. One parent, for every student again, rated the student's behavior on the rating scale. (Battle, 1978). Accounts of the students' progress in the level system were recorded, as were their grades in the academic subject areas. Annual reviews of each student's progress were held. The committee for the review consisted of the Director, the teacher, the parent, the mental health worker, a school psychologist, and in most instances, the student.

Decisions were made as to whether or not the student would remain in the program for another year, or whether he would be "phased" into the regular school. Each student was asked know he felt about himself and his progress during the year. Each parent was also asked: "How do you feel about what your son has done during the school year?" Each parent was also asked how he/she felt about the service received or not received from the mental health agency.

Post Measures for RS: At the end of the academic year, May, 1979, each student in RS was administered the same achievement tests as had been administered at the beginning of the school year. Ratings on the scales were made by the teacher and one parent. Grades were noted. Annual reviews were held with all the parents, where decisions were made regarding the student's placement for next year. The same qualitative question, "How do you feel about what your son has done during the school year?" was asked of each parent. Each student was also asked how he felt about what he had done during the school year. This author was a participating observer in each of the twenty (20) annual reviews for RS and spoke only when a question was directly asked. This author also made a point of asking regular classroom

teachers who had LD/BD students enrolled in their classes, how they felt about teaching students with learning and behavioral disturbances - in classes with their "normal" students.

Comparison of Results: The only quantifiable measure intended in this project was to compare the means of the two groups regarding gains in academic achievement in four subject areas for the stated academic year. Because of the treatment, consisting of an individualized psychoeducational program in a therapeutic milieu, with some individual and/or group counseling, for those in LC, compared to the available program which RS received, it was hypothesized that LC would demonstrate more academic progress than RS. A one-tailed t test, with a directional hypothesis that LC would have a mean gain achievement score equal to or less than that of RS in four subject areas at the end of the school year, was selected as the statistical measure for a comparison of academic achievement between the two groups.[1] If the hypothesis can be rejected at the established .025 (5 percent) point, then it follows that a probability statement can be

[1]Recognition and appreciation are hereby given to Dr. Jerry Eimer, this author's graduate statistics Professor, who gave a "cookbook" procedure for computing the t values.

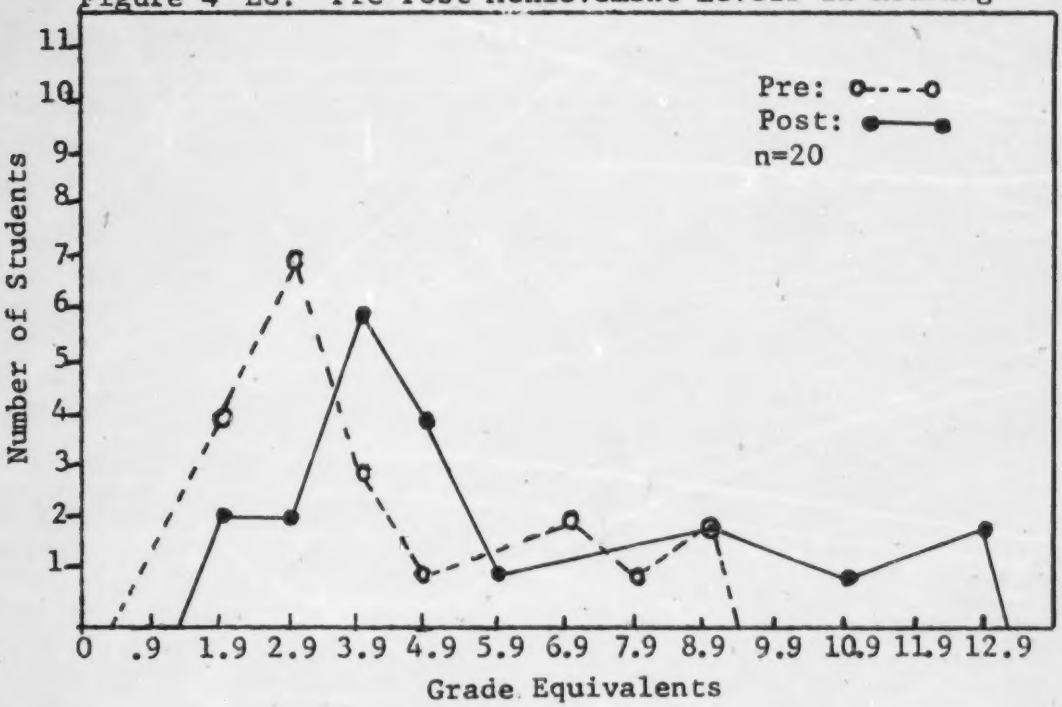
made about the alternative hypothesis, that the mean achievement score of LC is higher than that of RS. With nineteen (19) degrees of freedom (df) at the .025 point, the directional hypothesis can be rejected with a t value higher than 2.093.

From the rating scales, which were essentially qualitative, only the means of the differences between pre and post ratings of problem areas were computed and stated in table form, to be viewed, relative to objectives of the project. Other qualitative data such as responses of parents of students of both groups, students of both groups, teachers and mental health workers, though immeasureable in terms of statistics, are presented. It must be further clarified that any implications derived from any part of this study are only relevant to preadolescent and adolescent males.

RESULTS

Both LC and RS made considerable gains in achievement in all four subject areas: reading, general information, spelling and mathematics. Figure 4 is a graphic representation of the pre and post treatment levels of achievement for LC in reading. The vertical axis, always labeled the Y axis, indicates the number of students who achieved at the point indicated or within the interval beginning with the preceding grade equivalent and that point. The horizontal axis indicates the grade equivalents with a ten point interval. As such, in Figure 4, the graph indicates that on the pre treatment test in reading for LC, the lowest level of achievement was at a grade equivalent of 1.9, the equivalent of the final month of first grade, or between .9, the final month of kindergarten and 1.9, with four (4) students achieving at that level. The level of achievement on the pre treatment test in reading peaked at 2.9, the equivalent of the final month of second grade or within the interval of 1.9 and 2.9. The highest level of achievement on the pre treatment test for LC was 8.9, the equivalent of the final month of eighth grade with two (2) students at 8.9 or within the interval 7.9 to 8.9.

Figure 4 LC: Pre-Post Achievement Levels in Reading

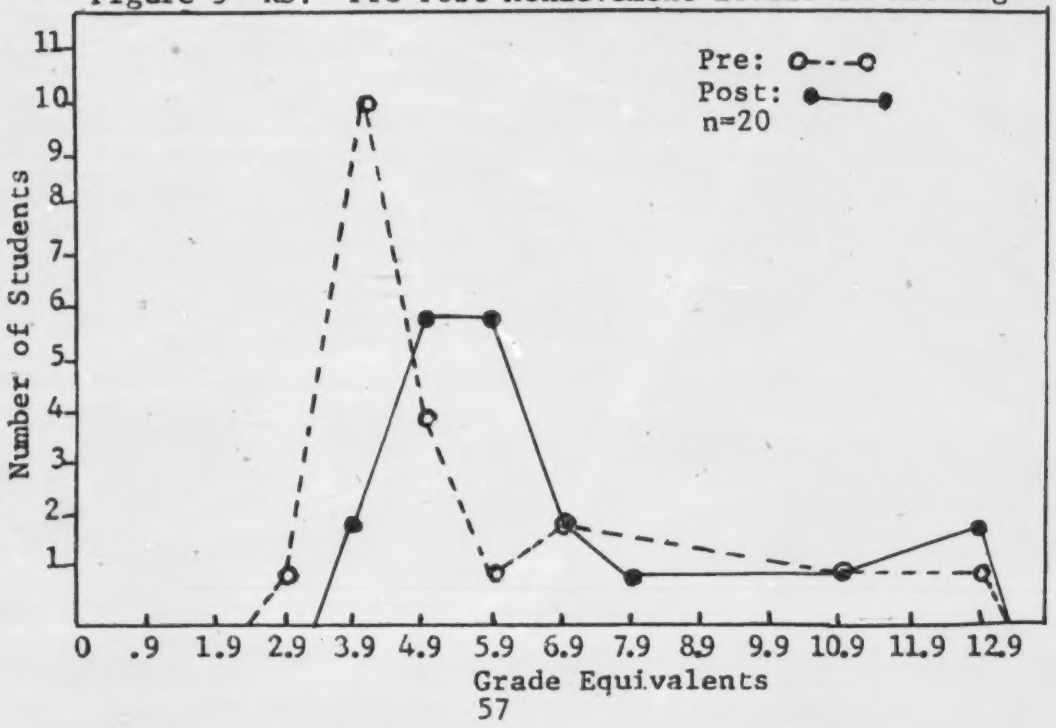


Similarly, on the post treatment test in reading for those in LC, at the lower level of achievement there were two (2) at 1.9 or within the interval of .9 to 1.9, where on the pre treatment test, there were four (4) at that level. On the post treatment test the level of achievement peaked at 3.9 or within the interval of 2.9 to 3.9 with six (6) students achieving at that level. Where the highest level of achievement in reading on the pre treatment testing was 8.9 or within the interval of 7.9 to 8.9, with two (2) students, the highest level of achievement at post treatment

testing for LC was 12.9, the final month of twelfth grade, or within the interval of 11.9 to 12.9, the highest level measured by the test. Two (2) LC students made a gain of the equivalent of four (4) years.

Figure 5 indicates the pre and post achievement levels in reading for RS. Reading the graph in the same way, there was a peak of ten (10) students at 3.9 or within the interval of 2.9 to 3.9, at pre testing with the lowest level of achievement at 2.9 or within the interval of 1.9 to 2.9 where there was one (1) student. The highest level of achievement at pre testing was 12.9 or the interval within 11.9 to 12.9, where there was one (1) RS student.

Figure 5 RS: Pre-Post Achievement Levels in Reading



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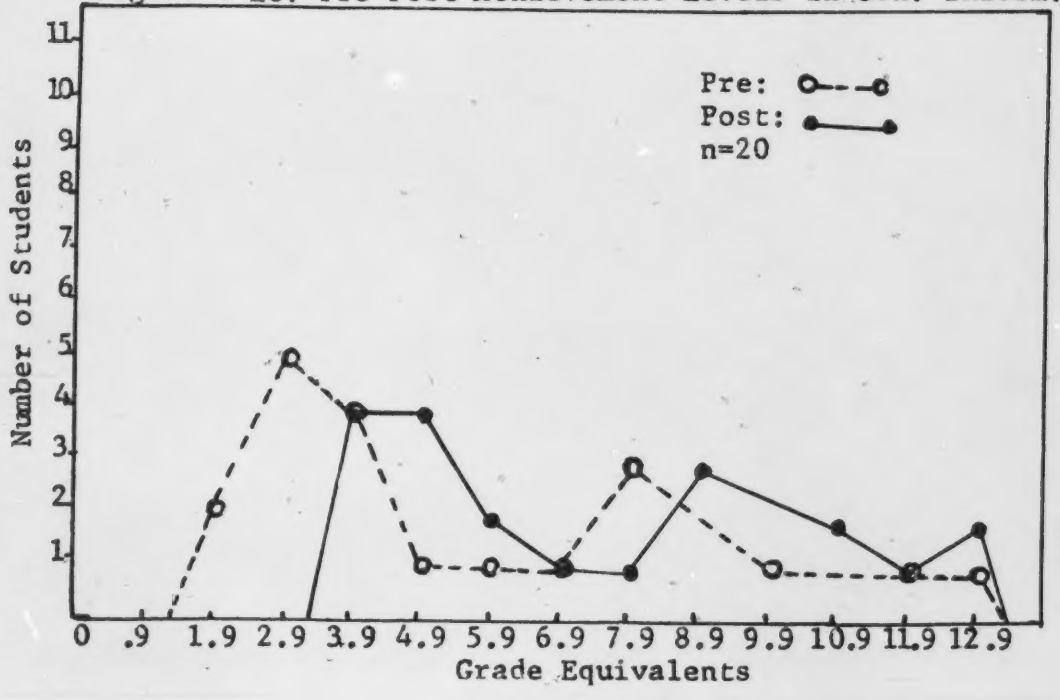
At post testing there was a peak of twelve (12) RS students achieving within the intervals of 3.9 to 5.9, with the lowest level of achievement at 3.9 or within the interval of 2.9 to 3.9 where there were two (2) students. The highest level of achievement was again at 12.9 or within the interval of 11.9 to 12.9, where there were two (2) RS students.

General information was the area in which LC demonstrated the highest gain. Figure 6 indicates the pre and post treatment levels of achievement in general information for LC.

Figure 6 LC: Pre-Post Achievement Levels in Gen. Inform.



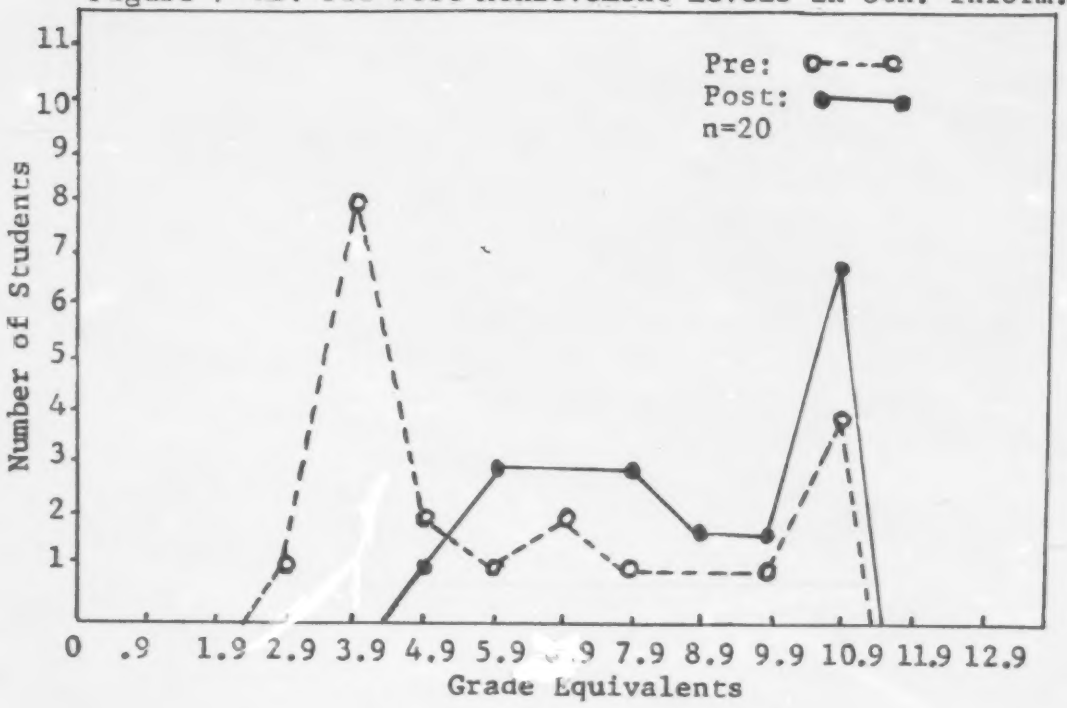
On pre treatment testing, on sees that there was a peak of five (5) students achieving at 2.9 or within the interval of 1.9 to 2.9, with the lowest level of achievement at 1.9 or within the interval of .9 to 1.9 where there were two (2) students and the highest level being 12.9 or within the interval of 11.9 to 12.9, where there was one (1) student.

Post treatment testing in general information for LC students peaked within the intervals of 2.9 to 4.9 where there were eight (8) students. The lowest level of achievement was 3.9 or within the interval of 2.9 to 3.9, with four (4) students. Two (2) students achieved at the highest level of 12.9 or within the interval of 11.9 to 12.9.

Figure 7 indicates the pre and post measures in general information for RS. There was a peak of eight (8) students achieving at 3.9 or within the interval 2.9 to 3.9, at pre testing, with the lowest level of achievement at 2.9 or within the interval of 1.9 to 2.9, with one (1) student and the highest level of achievement at 10.0 or within the interval of 9.9 to 10.9, where there were four (4) students. At post testing, in general information for RS students, there was a peak of seven (7) students at 10.9

or within the interval of 9.9 to 10.9, which was also the highest achievement level for the group. The lowest level of achievement was at 4.9 or within the interval of 3.9 to 4.9, with one (1) student. Though there were more students achieving at 10.9 or within the interval at post testing, those who had achieved at that level on the pre testing did not advance to a higher level.

Figure 7 RS: Pre-Post Achievement Levels in Gen. Inform.



LC demonstrated less gain in the subject areas of spelling and mathematics. Figure 8 indicates the pre and post treatment levels of achievement in spelling for LC.

At pre treatment testing there was a peak of six (6) students achieving at 3.9 or within the interval of 2.9 to 3.9, with the highest level of achievement at 9.9 or within the interval of 8.9 to 9.9, where there was one (1) student and the lowest level of achievement at .9 or within the interval of 0 to .9. At post treatment testing, there was a peak of nine (9) students at 3.9 or within the interval of 2.9 to 3.9, with the highest level of achievement advancing to 10.9 or within the interval of 9.9 to 10.9, with one student and the lowest level of achievement advancing to 1.9 or within the interval of .9 to 1.9, where there were three (3)students.

Figure 8 LC: Pre-Post Achievement Levels in Spelling

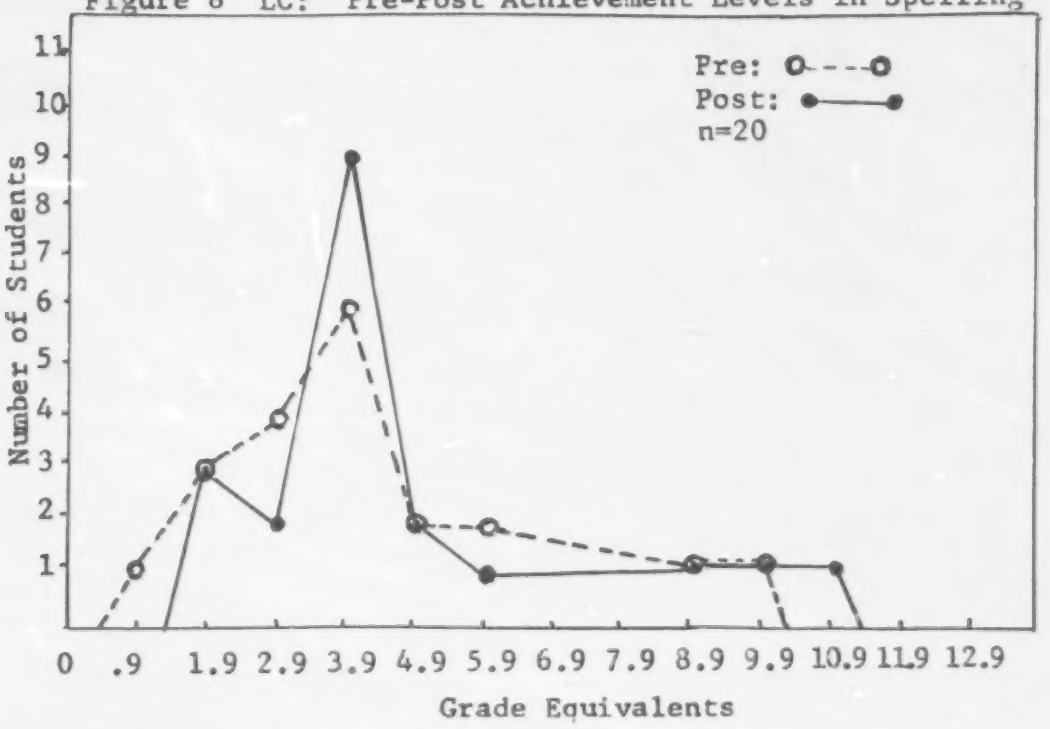
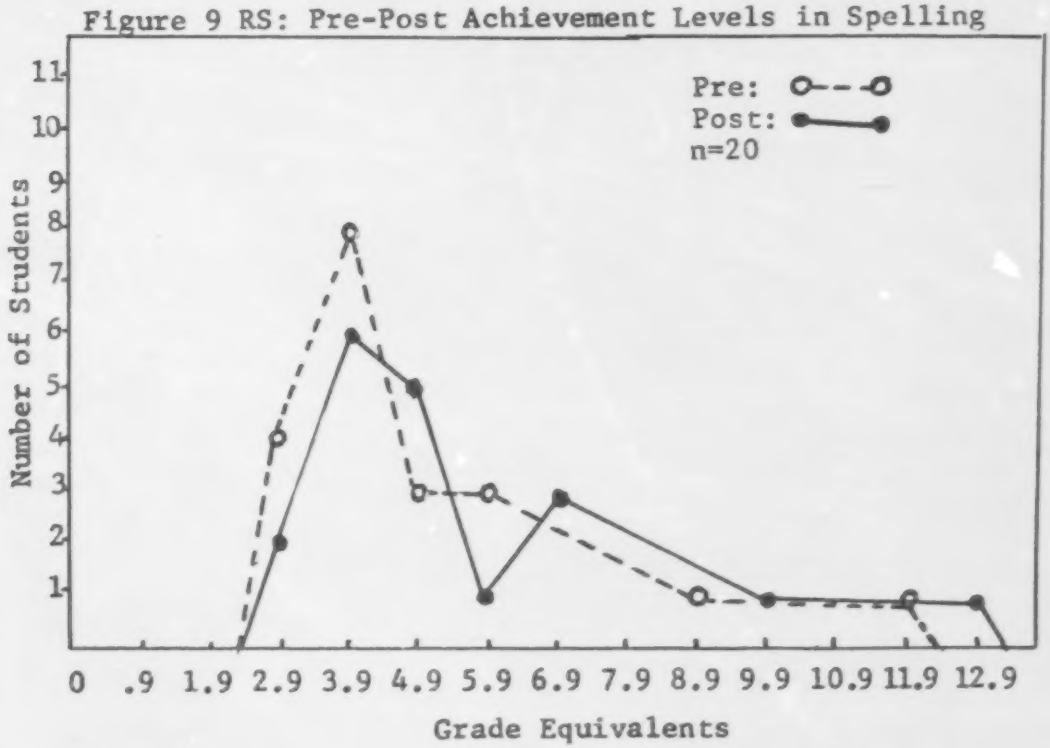


Figure 9 indicates the pre and post measures in spelling for RS. The lowest level in achievement at pre testing was 2.9 or within the interval of 1.9 to 2.9, with four (4) students. The achievement peaked at 3.9 or within the interval of 2.9 to 3.9 with eight (8) students. The highest level of achievement at pre testing was 11.9, or within the interval of 10.9 to 11.9, with one (1) student at that level. At post testing the lowest level of achievement for RS remained at 2.9 or within the interval of 1.9 to 2.9, with two (2) students. The achievement level peaked

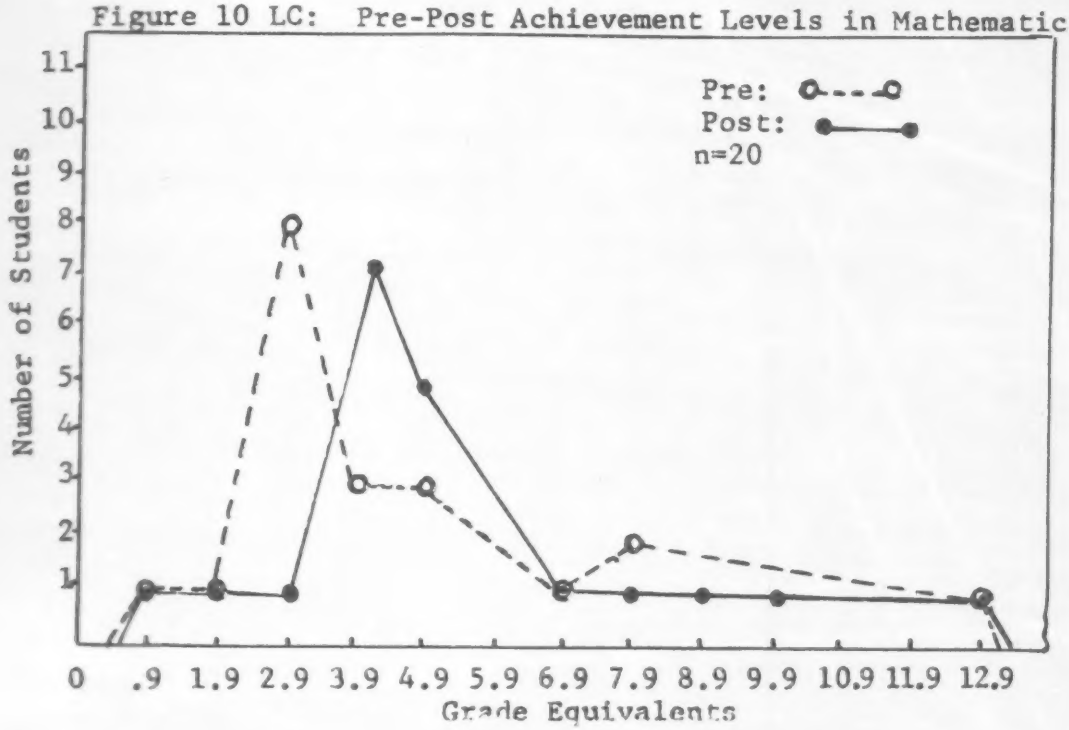
Figure 9 RS: Pre-Post Achievement Levels in Spelling



again at 3.9, or within the interval of 2.9 to 3.9, with six (6) students, two (2) less than at pre testing. The highest level advanced to 12.9 or within the interval of 11.9 to 12.9, with one (1) student at the highest level of achievement.

Figure 10 indicates the pre and post treatment levels of achievement in mathematics for LC. The lowest level of achievement at pre treatment testing was at .9 or within the interval of 0 to .9, with one (1) student. The achievement level peaked at 2.9 or within the interval of 1.9 to 2.9, with eight (8) students. The highest level of achievement was at 12.9 or within the interval of 11.9 to 12.9, with one

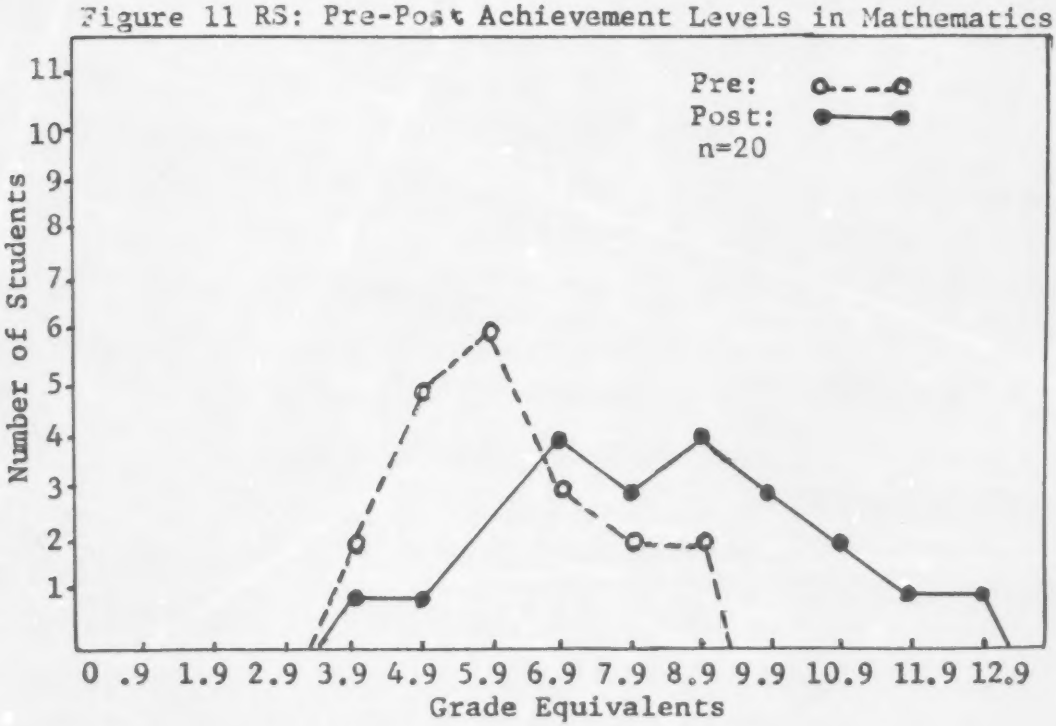
Figure 10 LC: Pre-Post Achievement Levels in Mathematics



(1) student achieving at that level. At post treatment testing, the lowest level remained at .9 or within the interval of 0 to .9, with one (1) student again, peaking at 3.9 or within the interval of 2.9 to 3.9, with seven (7) students. The highest level of achievement remained at 12.9, with one (1) student.

In Figure 11, one sees that the levels of achievement in mathematics for RS at pre testing, peak at 5.9 or within the interval of 4.9 to 5.9, with six (6) students at that level. The lowest level of achievement is 3.9 or within the interval of 2.9 to 3.9, with two (2) students.

Figure 11 RS: Pre-Post Achievement Levels in Mathematics



The highest level of achievement at pre testing was 8.9 or within the interval of 7.9 to 8.9 with two (2) students at that level. At post testing, the lowest level remained at 3.9, with one (1) student, peaked at 6.9 or within the interval of 5.9 to 6.9, and the highest achievement level remaining at 12.9, again, with one (1) student.

As stated previously, a one-tailed t test, with a directional hypothesis that LC would have a mean achievement score equal to or less than that of RS, for academic achievement gains in four subject areas at the end of the school year, was selected as the statistical measure. At the .025 (5 percent) point, with nineteen (19) degrees of freedom (df), the directional hypothesis can be rejected with a t value higher than 2.093. LC demonstrated more gain in reading with a mean increase of 1.5 compared to 1.0 for RS and more gain in general information with a mean increase of 2.01 for LC compared to a mean increase of 1.5 for RS. The mean increase for RS in spelling was .75 compared to a mean increase of .50 for LC. RS demonstrated the highest gain in mathematics with a mean increase of 2.46, compared to a mean increase of .92 in mathematics for LC. Though LC demonstrated academic achievement gains, the difference between the means at the .025 point was not significant,

thus the directional hypothesis could not be rejected.

The teachers of students in both LC and RS rated the cognitive levels, modalities, and the learning styles of the students. Examples of the items were stated previously. Table 1 is a summary of the means of the differences of the pre and post ratings of problem areas for the two groups.

TEACHERS
COGNITION, MODALITIES, LEARNING STYLES

	LC	RS
Visual Perception	0.75	1.60
Auditory Perception	1.30	1.65
Memory	.85	0.60
Language Development	0.60	0.90
Other Aspects of Learning Style	0.15	-0.20
Mental Development	0.15	0.20

Table 1. Means of Differences of Pre-Post Rated Problem Areas.

Looking at the means of the improvement in the areas rated as problems by the teachers of the two groups one sees that RS students appear to have a mean improvement of 1.6 in the area of visual perception compared to .75 for LC. In the areas of memory and other aspects of learning style, LC has somewhat higher mean increase than RS. In auditory perception and language development, RS has a somewhat higher mean increase than LC. A discussion of these findings follows in the next chapter.

The teachers of both LC and RS rated each student relative to three areas of the interpersonal interaction of the

students. Examples of the items were stated previously. Table 2 is a summary of the ratings made by the teachers. It may appear that there was an increase in the problem areas. However, relative to the objective of increasing the teachers' observational skills and interpretation of the behavior of the students, the results of the ratings are positive. A further discussion follows in the next chapter.

TEACHERS
BEHAVIORAL RATINGS

	LC	RS
Relationships with Adults	-1.65	.5
Relationships with Peers	-1.45	-0.10
Personal-Emotional Characteristics . . .	-1.2	-0.05

Table 2. Means of Differences of Pre-Post Rated Problem Areas.

The parents of the students in both LC and RS also rated each student in the three areas of interpersonal interaction. Table 3 is a summary of the ratings made by the parents. The comparison of the means of improvement in the problem areas as rated by the parents of the students in both LC and RS is higher for the LC relative to all three variables.

PARENTS
BEHAVIORAL RATINGS

	LC	RS
Relationships with Adults	1.15	-0.1
Relationships with Peers	2.35	0.5
Personal-Emotional Characteristics . . .	4.80	0.7

Table 3. Means of Differences of Pre-Post Rated Problem Areas.

In the annual reviews held for each student in both LC and RS, note was taken of the number of students who received "passing" grades. Also determined at the annual review was whether or not the student would remain in the current program or begin to phase out of the program for the next year. Table 4 is a summary of the information for both LC and RS. All of the LC students received passing grades whereas only three (3) of the students in RS received passing grades.

	LC	RS
Number of students receiving passing grades	20	3
Number of students leaving the current program entirely or phasing out for the next academic year	6	0

Table 4. Grades and placement for next academic year.

As indicated six (6) LC students will be phased back into or return fully to regular classroom for next year whereas all the RS students will continue in their program.

In LC students work in a level system which includes accountability for behaviors and academics, (See Appendix 15). As the student works up in the levels, he assumes more responsibility for his behavior. Table 5 is a summary of the number of students on each level at the end of the academic year. Each student began on level 1.

1	2	3	4	5	6	Total
0	5	4	5	3	3	20

Table 5. Levels of students in LC at the end of the school year.

Parents of students in LC and RS were asked how they felt about what their son had done during the school year. Responses were elicited relative to academic progress and behavior. Students were also asked how they felt about what they had done. Table 6 summarizes the number of the responses.

Of the twenty (20) parents of those in LC, nineteen (19) of them gave positive responses regarding their son's progress in academics and behavior. Statements such as "This is the first time Johnny ever passed." The expression on their faces, as they spoke, was one of pleasure. One set of parents from LC tearfully expounded, "Thank you, oh, thank you for this school. He would never make it without you." The one negative response from a parent in LC was relative to the complete current disarray of the family where blame was being focused on the boy.

Of the twenty (20) parents of those in RS, seventeen (17) gave responses with the prevailing theme, "I wish he

had done better - I know he can - I'm going to have to sit on him at home." Four of the parents said the items on the rating scale gave them more awareness of their sons. One parent in RS, a single parent, simply broke down and cried. Five sets of parents from RS stated that they know they need help and have since called this author.

All of the students in LC are beginning to have some good feelings about themselves. A frequent occurrence is for any one of them to say something like "Hey Doris, look how good I did today." Most of them are learning, to some degree, to deal with their anger. For example, one of the preadolescents, prior to getting on the bus at the end of the day expounded, "Hey Doris, can I have just one angry before I get on the bus - God dammit." An example of an adolescent, with extreme problems who was considering re-entry into regular school, though he didn't verbalize his feelings, he was observed to be extremely tense and anxious when he visited the regular school. Subsequently he decided he would just try a couple classes at regular school, with the statement, "I know there will always be a place for me at the Learning Center."

Of the twenty (20) students in RS, fifteen (15) of

them gave negative responses about themselves - most of them relative to their experiences in the regular classroom. Such statements as "Mrs. so and so won't answer any of my questions. She always tells you to pay attention and get busy," and "I don't care - it doesn't make any difference what I do - I always get an F." Their facial expressions often imply indifference and apathy. Their bodily movements often indicate aimless wondering.

Elicitations	Parents				Students			
	Positive		Negative		Positive		Negative	
	LC	RS	LC	RS	LC	RS	LC	RS
Responses regarding son's behavior (or themselves)	19	3	1	17	20	5	0	15
Responses regarding academics	19	3	1	17	20	5	0	15

Table 6. Responses of parents and students regarding progress.

Parents of those students in LC were asked how they felt about the services received or not received from the mental health agency. Of the three (3) families seen regularly by a mental health worker, two (2) of them said they were pleased with the help they had received. The other stated that the mental health worker didn't help at all. Of the two (2) families seen irregularly, the responses regarding the worker were indifferent: (1) "Oh, yes, she comes around or

calls once in a while." (2) "When we go over there, we just talk about the weather or something like that. When we ask her about what we need to do to help our kid she usually says something about he's doing okay." Responses of those families who were not being seen by workers from the mental health agency ranged from statements such as "They told me they won't talk to me unless my husband comes with me and he can't take off work," to "We went over there twice and all she kept saying was to take our kid out of school if he doesn't want to go to school - now what the hell kind of answer is that - we know our kid has to go to school." Other statements were, "When I asked him what to do - he said he didn't know what to do", and "We went over there three times and she asked us the same questions all three times - like where do you work and do you like your work and other silly questions. I told her I couldn't afford to take off work to go over there and her keep asking me where I work and do I like my work."

Responses of the students in LC regarding the mental health worker were favorable in the preadolescent group. The students in the adolescent group were totally adverse to the worker with such statements as "He don't know nothin", or

"That creep hasn't come out of his shell yet." The adolescents manufactured chaos for the mental health worker for the one half (½) hour a week when he was to have a group meeting with them. Consequently, it was decided that it would be better for the worker not to meet with them.

The teachers and the teachers' aides of LC unanimously stated that the mental health worker was ineffective. The concerns of the teachers and aides in the two preadolescent groups were relative to feelings that the worker depended on them too much and they felt he didn't try to deal with the students' basic problems. The teacher and the aid for the adolescent group simply refused to have anything to do with the mental health worker after a couple of months because they felt he made trouble rather than dealing with the problems of the kids. The major theme of the teachers and aides regarding the mental health worker was that he didn't know as much as they do, relative to dealing with the students' problems and that they didn't have time to teach him and the students.

The responses of the mental health workers regarding their work with families of students at the Learning Center were varied. One of the workers stated that the people didn't

keep their appointments. Another worker stated that the Director of the program ought to put the pressure on the families to make them participate. The worker stated even further that if the Director didn't make the families come to the agency, the student should then be dropped from the program. Others stated that one or two phone calls are enough and if they don't want to come to the agency, then they don't want the help. Another stated that two of the families were not "workable". After having met with the families only one time, she said they didn't want to accept the fact that they were the cause of their sons' problems - consequently they were not workable. The major theme of all the responses of the mental health workers was that the families really didn't want to be helped. Only one of the mental health workers expressed enthusiasm about her work - the families she worked with appear to be making some progress.

The regular classroom teachers of those students in RS unanimously felt and stated that they did not want the disruptive students in their classes. Their main stated reason was that it wasn't fair to the other students to have to spend so much time with one or two or three. Other themes were relative to expectations such as "if the student can't do the

work that is expected of him, then he shouldn't be in the class" and "if he doesn't do what is expected of him, he flunks and that's that."

The development of the staff at LC through group process, though immeasurable, may be inferred from the fact that two of the teachers will be returning next year, though one of them has decided that she much prefers to work with younger children. The other teacher has decided to begin work on a masters degree in ecology while simultaneously developing an outdoor education center. One of the aides has been accepted to three outstanding law schools and will be attending one of them in the fall. Another aide has decided to work on becoming certified to teach disturbed students. The other aide hasn't budged yet. Though she does her work well as an aide, she continues to be totally submissive and dependent. All of the teachers and aides have increased their ability to discern the meaning of students' behaviors, thus enabling them to respond more appropriately. For example, one teacher stated: "Stan feels like I'm his mother - sometimes he even calls me mom." All of the teachers and aides, at one time or another, by such statements indicate their increasing observational skills and discernment of the therapeutic relationships which have developed.

DISCUSSION

The purpose of this exploratory study was to begin the process of answering the following question: Do preadolescents and adolescents who are identified as having severe learning and behavioral disturbances and are consequently excluded from a regular school setting, demonstrate more positive progress in their social and personal interaction with peers, teachers and other significant adults and in their academic achievement by participating in a comprehensive, interdisciplinary day treatment program, compared to those preadolescents and adolescents who have similar learning and behavioral disturbances, yet continue in the regular school setting? An experimental group (LC), consisting of twenty (20) male preadolescents and adolescents, identified as having severe learning and behavioral disturbances were given special treatment away from the regular school setting. A control group (RS), comprised of twenty (20) other male preadolescents and adolescents identified as having learning and behavioral problems similar to those in LC, remained in the regular school setting and received the educational program available in the setting. A battery of standardized achieve-

ment tests was administered, both pre and post treatment, to LC. The same pre and post battery was administered to those students in RS. A statistical procedure was selected to apply to the data. These and all the other details of the design of the study have been described previously. The quantitative and qualitative results have been reported in the immediately preceding chapter. At first glance, one may assume that the quantitative results are relatively "cut and dried".

However the first issue for discussion is the randomization of the placement of the subjects into either the experimental or the control group. In a 'clean" research study, subjects are ideally selected and placed by any one of a number of methods of random choice. In conducting a study in the field, when one is working with warm, live bodies, randomization is not so simple.

As also described previously, a survey was conducted in the public schools of Greene County to determine the need for a day treatment program for students with severe learning and behavioral disturbances. The results of the survey indicated the need for such a program. The program was implemented, yet only a limited number of students could be

accepted to participate. As may be expected, the most difficult students were immediately referred for placement in the program. The means of the pre treatment academic achievement scores in the four subject areas clearly indicate that the students in LC had achieved considerably less in the academic areas cited than had those in RS, at the beginning of the school year. So it was with the number of problem areas in behavior. Those students in LC were rated as having a larger number of problem areas than did those students in RS. Thus, the most difficult students, in terms of both academic achievement and behavior, comprised the experimental group. There were yet other students with similar learning and behavioral disturbances, some of whom may well have been candidates for placement at the Learning Center, had there been available spaces. These were the students who comprised the control group.

Nevertheless, a directional statistical t test was applied to the data. The statistical computation of the data for LC indicates that the directional hypothesis could not be rejected at the .025 point. The implication is that the mean gain of achievement for LC in the subject areas is equal to or less than that of RS.

Collectively, the statistical comparison of the means of improvement in academics is not significant. However, the statistic does not take into account the individual with all of his human aspects. Those, who had been failing previously, who began the school year with considerably less academic achievement and, as may be inferred from the higher number of behavioral problems, were quite likely less motivated and may quite possibly have been excluded from attending school at all, had they not had the opportunity to enroll at the Learning Center, made considerable gains in all the subject areas as well as making gains, though perhaps not statistically measureable, regarding his feeling about himself and others.

The items on the test regarding general information, have to do with the students' knowledge and awareness of the world about them - their environment - and LC made considerable gains. One factor which may have effected the students' improvement in general information may be the result of field trips which often culminated a unit in social studies. The gain may also be related to the students' acquiring more awareness of his interaction in a group. It is entirely possible that the gains in reading may be related to the gains made in general information. Broadening the knowledge of the

environment enhances the repertoire of experience to which the student may refer, thus increasing the comprehension.

The collective higher gains of RS in mathematics and spelling may have been the result of the emphasis of the teacher. There may have been a discrepancy in the administration of the tests insomuch as the people administering the post tests had had little experience using them.

Several other variables such as hereditary factors, maturational factors, previous learning, transfer of training, length of attention spans and rates of learning may well have had an effect on the results. This study encompassed only one academic year in terms of time. For the students in either LC or RS, the results of paper and pencil testing are only an indication of the students' performance on such tasks at a particular hour in his life. There are perhaps many other important aspects to consider, regarding the students' progress, along with his improvement in academic achievement.

The lack of significance in a comparison of the means of the two groups regarding improvement in areas rated by the teachers as problems in cognition, modalities and learning styles may be relative to the lack of statistical reliability

of the items on the rating scale. On the other hand, the teachers of LC students may well have been more aware of the relativity of the content of the items, thus have been more discerning and more particular in making their ratings. Their astuteness and adaptation of their methodology to the students' strengths may well have had a positive effect on the improvement which the LC students made in reading, yet with the teachers' recognition that a problem area continued to exist.

One of the objectives of staff development at the Learning Center was to increase the observational skills of the teachers as well as to help them become more discerning in perceiving what behavior means. The information in Table 1 regarding learning styles and that in Table 2 regarding interpersonal interaction perhaps indicates that the LC teachers did improve in their observations and discernment. In discussion with the LC teachers about some of the items on the scales, the prevailing theme was that at the beginning of the year, they simply didn't realize the significance of some of the behaviors described in the items on the scales. To a degree, they have learned to go beyond in their observations and perceptions, yet maintain their objectivity.

Though delighted with the fact that both LC and RS made considerable gains on standardized academic achievement tests for the year, it was distressing to learn that seventeen (17) of those students in RS received failing grades for the year from regular classroom teachers. Those in LC received grades also but the students were taught at their individual levels of achievement relative to their learning style and graded accordingly, with notes indicating the level of achievement. Consequently all of the LC students received passing grades at the Learning Center.

These circumstances may be directly related to both LC and RS students' and their parents' responses, as indicated in Table 6. In LC the teachers, in conjunction with the students, established objectives for work in academics as well as for improvement in maladaptive behaviors. The LC teachers attempted to help the student become more aware of his interpersonal interaction through the use of the techniques of the Life Space Interview. Constant communication was maintained by the staff, with the parents of those in LC. Table 3 indicates that the parents of those in LC rated their sons as having improved considerably in all three of the designated areas of behavior. Those views coincide with the qualitative

responses in Table 6, where nineteen (19) of the parents of those in LC gave positive responses regarding their sons and all twenty (20) of the students gave positive responses about themselves. Though qualitative, the responses are indicative of the beginning of the development of more self worth of the students in LC, as well as a more positive outlook on the part of the parents, toward their sons, while a trend toward the opposite appears from the responses of parents of those in RS.

Though the modified contingency contracting system, with the charting of behaviors, as they erupt or persist in the students, is only a visual vehicle to try to help the student in LC become more aware, more understanding and more responsible for his own behavior, Table 5 is a summary of the levels of the LC students at the end of the year. The level system is adapted for each student. For example, when a student, through accomplishing the terms of his contracts which are established by the student and the teacher, reaches level three, the student theoretically begins to monitor and chart his own behavior. One preadolescent who had reached level three was at first unable to chart his own behaviors. He charted all the other students but avoided charting himself.

Moving the boy back a level would have spelled failure for him, in his own view. Consequently, this author spent a great deal of time talking with the young boy and discussing the issues. After about two weeks of relatively intensive and consistent work, the young boy became able to perceive himself as the object and was able to chart his own behaviors and was delighted with his accomplishment.

The teachers of those in RS attempted to meet the needs of the RS students as best they could, for the amount of time they had with them. There was a general sense of frustration on the part of the special teachers because they could see, for the most part, what was happening to the RS students in the regular classroom. The effect of the failure which the RS students experienced in the regular classroom, is perhaps reflected in the responses of both the students and their parents in Table 6. The ratings by the parents of the RS students' problem areas indicate very little improvement as observed by the RS parents.

The responses of the parents of those in LC regarding the services of the mental health workers may be reflective of a number of implications. The one mental health worker who stated emphatically that she enjoyed her work and she

was having some success with the people she was working with may imply that she was prepared and knew what she was doing in her work and her enjoyment may have contributed to the positive results. The statements of the families in combination with those of the mental health workers may imply that the mental health workers generally are not prepared nor do they have the skill to establish the kinds of therapeutic relationships which are required to bring about any positive changes in the life styles of the patients. For example, one mental health worker labled families unworkable because they were unable to accept her suggestion, after only one or two sessions with the families, that they were the cause of their sons' problems. It appears that the worker tried to move too quickly. Those families who went to the agency and were discouraged when the worker didn't tap immediately relevant issues of the family, may again imply the lack of perception and skill on the part of the worker. Those workers who made one or two phone calls to families and subsequently immediately "wrote them off" may have lacked persistence as well as "know how". At any rate, the mental health workers were unable to meet the needs of the majority of the potential sixty students and parents in LC.

Further, the mental health workers failed to maintain adequate records. Many of the workers used the issue of confidentiality as a reason for failing to keep records. Confidentiality is an important issue for anyone. However there are many ways to keep and maintain adequate notes and records without precipitating a breach in the confidential nature of the work. One might deduce that the community mental health workers simply lack the preparation, the skill or the desire to prepare adequate evaluations and treatment plans, and to follow through with them. It appears that the procedures and processes employed by the community mental health center require some careful scrutiny and reorganization.

CONCLUSION

From an examination of the quantitative and qualitative data of this study, one must conclude that indeed, preadolescents and adolescents with severe learning and behavioral disturbances, who receive the described special treatment, do demonstrate positive progress in all areas, though not statistically significant in academic areas compared to a similar group of preadolescents and adolescents who remain in the regular school setting. Though both groups made considerable gains in academic achievement, ascertained by individual achievement testing the most startling and paradoxical finding in the study was the fact that seventeen (17) of those in RS received failing grades in the regular classroom. It may be noted again that all of the students in LC had been failing in regular school prior to their enrollment at the Learning Center.

Though it may be anticipated that those in LC, because of the nature of the project, would make progress, especially regarding the feelings they have about themselves, the major overall objective is to prepare them to be able to function effectively in a regular school setting. In light of preva-

lent conditions in the regular school setting, the implication of the findings suggest that the students in LC would have extreme difficulty functioning at all in such a setting.

The findings regarding the conditions of the learning and behaviorally disturbed student in a regular school setting present major questions relative to the mandates of PL 94-142 which emphasize placing all exceptional students into the mainstream of public education. Though the number in the study is small, it is clearly indicative that teachers in regular education are not nearly prepared to deal with the exceptional student. Public school officials, teacher training institutions, parents and other citizenry must certainly come to terms with the issue. The numbers of students per classroom may have to be drastically reduced.

Another major issue which must be solidly dealt with are the services provided by the community mental health agency. One of the overall objectives of this project was to combine resources of public education and community mental health, which happened to a degree, though more on paper than factually. However the success of the students in LC was primarily a result of the teachers' and teachers' aides' knowledge, commitment, vast efforts and concern for the students. What would

the results have been had the students and their families received more appropriate treatment from the mental health services? The students at the Greene County Learning Center, for the most part, have immense problems and require intensive treatment, in order to have long lasting effects. An observation, based on my experience as an interne in clinical psychology, is that the effective therapist must have an integrated theory of personality development, social interaction and psychopathology which provides a set of normative expectations relative to the endo-psychic organization of personality, relations of the individual within the family and wider society, and a corresponding set of standards for judging a range of deviations from the norm. The purpose of treatment is to correct deviations in a person's life adaptations and endo-psychic organization. (Akerman and Lakos in Burton, 1959). The students in LC and RS and their families are, for the most part, the people for whom the Community Mental Health Act was established. Primary prevention and supportive therapy are quite necessary, where appropriate. However, those in need of intensive treatment must be competently responded to as well. In combination, perhaps those in the public schools and community mental health agencies must learn to assume the role

of healer in order to accomplish the task. (Bakan, 1969). The assumption of such a role requires major revision of thought and feeling, on the part of all those who choose to work in such capacities.

To achieve the evolution and development of a more effective educational day treatment program requires greater efforts to inform public school officials and the general public of the opportunity and responsibility to salvage human resource, which may seem costly initially, yet is inexpensive in the long run. To provide teachers and community mental health workers with the necessary preparation requires colleges and universities to establish interdisciplinary training programs which will provide the necessary background and skills. Community mental health agencies must create a program for staff development, to enable the workers to become more effective and skilled therapists. With a cooperative effort and all components moving together, only then may the evolution and development of more effective community mental health programs in combination with public educational programs occur.

Recognizing the inherent monumental problems for the systems, relative to the implications, these conclusions are

drawn with a great deal of humility. Both the preparation and the fulfillment of this project have been strenous, yet enlightening and beneficial. One of the greatest rewards is to see smiles on students' faces where before there were only grimaces. To hear a young boy, who had not been able to express himself, come up and say, "God, I'm nervous", fills one with hope. To hear another boy reply, "I don't care," to almost any statement directed to him, suggests a necessity, that those of us who can, must move ahead in an attempt to find better solutions to some of the major issues which face public education and community mental health. Combined successful efforts may even provide more substantial evidence for a more meaningful response to "Why Johnny Can't Read."

IDENTIFICATION

The school district will conduct an ongoing system for the identification of all handicapped children residing within the district who may be in need of special education and/or related services as well as those children currently receiving such program services. The person responsible for the child identification activities, including informing school personnel of the in-school identification effort, is

_____.
(name) (title)

I. IN-SCHOOL

A. School personnel (teacher, counselor, principal, nurse, other), parent, self (student), agency personnel, physician, or any other person may refer a child suspected of being handicapped.

B. The ongoing identification system will utilize information within existing school records such as those maintained by school nurses, special education personnel, administrators, and others in the school system who may have information concerning handicapped children.

C. Upon identification of a suspected handicapped child the referral source follows the procedures described in "Pre-evaluation Activities".

II. OUT-OF-SCHOOL

A. Beginning with the first day of school in January, and every third year thereafter, the school district shall initiate an intensive awareness campaign as part of its out-of-school child identification system to find all handicapped persons from birth through twenty-one years of age. The procedures of the awareness campaign shall conform to State Board of Education Standard 3301-51-17. Evidence of those activities (such as sample copies of printed materials, radio and television announcements, dates of release, stations used, and listings of oral presentations) shall be on file.

B. The school district shall document that an attempt

was made to contact every household within the school district at least once during the campaign by mail, telephone, household visit, or other appropriate contact.

C. The school district shall cooperate with other districts through the Special Education Regional Resource Center (SERRC) as an extension of the Project Ohio Child Identification System.

D. If an out-of-school suspected handicapped child is identified, the referral source follows the procedures described in the "Pre-evaluation Activities".

III. REPORTING OF DATA

Annually, the superintendent shall submit to the Ohio Department of Education, on the appropriate forms, a summary of the child data from the in-school and out-of-school identification programs.

IV. CHILD INFORMATION MANAGEMENT SYSTEM

Using Child Identification Management System forms, a confidential case management record (SE100) shall be maintained that will identify the location of each suspected or confirmed handicapped student in the processes of identification, evaluation, placement and program review.

The Records Control Officer (or designee) shall maintain and update the Child Identification Management System forms (SE100) as documentation (receipt of appropriate forms) of specified activities are completed.

Staff members shall distribute copies as specified on each form.

CHILD INFORMATION MANAGEMENT SYSTEM

Student's Name _____ Birthdate _____
Address _____
Parent(s) _____ Phone _____
Address _____
Referred by _____ Referral Date _____
Current Educational Placement _____
(program) (building)
If none, give reason _____

PRE-EVALUATION:

Initial	Date	
____	____	Pre-referral conference with principal and teacher.
____	____	Pre-assessment conference with parents: _____ _____
____	____	Suspected handicapping condition.
____	____	Referral form completed.

EVALUATION:

Initial	Date	
____	____	Parental permission to evaluate.
____	____	Parental permission refused.
____	____	Referral materials assigned to _____
____	____	Initiation of the Evaluation if no response from parents within 30 days.
____	____	Multifactored evaluation conducted.
____	____	Complete evaluation materials received by appropriate school person.

PLACEMENT OF HANDICAPPED CHILD:

Initial	Date	
____	____	Letter notifying parents of placement/IEP conference.
____	____	Placement/IEP Committee meeting held. Parents did __, did not __ attend.
____	____	Least restrictive recommended placement: _____
____	____	IEP developed.
____	____	Placement report completed and given to superintendent.
____	____	Placement notice sent by superintendent (if not waived by parent/s).
____	____	Parental response to placement received. Proposed date for placement

PERIODIC (ANNUAL) REVIEW/IEP CONFERENCE:

Year 1

Initial	Date	
____	____	Parents notified of review/IEP conference.
____	____	Periodic review/IEP conference held. Parents did __, did not __ attend.
____	____	Annual review report/IEP completed.
____	____	Notice of placement.

Year 2

Initial	Date	
____	____	Parents notified of review/IEP conference.
____	____	Periodic review/IEP conference held. Parents did __, did not __ attend.
____	____	Annual review report/IEP completed.
____	____	Notice of placement.

Year 3

Initial	Date	
____	____	Parents notified of review/IEP conference.
____	____	Periodic review/IEP conference held. Parents did __, did not __ attend.
____	____	Annual review report/IEP completed.
____	____	Notice of placement.

PERIODIC RE-EVALUATION:

Initial	Date	
____	____	Must be completed on or before _____.
____	____	Requested by _____.
____	____	Authorization sent to parent (refer back to pre-evaluation activities).

SPECIAL EDUCATION RECORDS:

Initial	Date	
____	____	Data reviewed.
____	____	Data amended.
____	____	Letter sent to parents regarding possible destruction of records.
____	____	Records destroyed: Yes __ No __

DUE PROCESS:

Initial	Date	
____	____	Case conference requested: Held _____
____	____	Administrative review requested: Held _____
____	____	Impartial hearing requested: Held _____

EVALUATION

I. PRE-EVALUATION ACTIVITIES

A. The teacher, counselor, principal or other referral source identifies a suspected handicapped child and completes SE101.

B. A conference shall be held involving the referral source, the principal (or designee), the child's teacher and/or counselor, and others as necessary to:

1. Review available information and gather additional information if necessary.

2. Consider alternatives to the present learning situation.

3. Decide whether to continue or discontinue the referral.

C. If the referral is continued, SE102 is completed and the principal determines who will make initial contact with the parent (if this has not already been done). The contact person will provide information about the suspected handicap and request a conference to discuss the possibility of an individual evaluation.

D. At the conference, or by phone if necessary; the school contact person shall (within 30 days of the identification):

1. Inform the parent(s), orally and in writing, about the district's criteria for placement and policies on due process and confidentiality by discussing and presenting/mailing the information for Parents Brochure.

2. Inform the parents orally that: Program Standards, the district's Comprehensive Special Education Plan, policies and procedures on identification, evaluation, LRE placement, IEP development and review, and the special education program and related services provided by the district are available for review in the office of _____.

3. Review the "Request for Parental Permission for Individual Assessment" (SE102), the Information for Parents Brochure, and the Special Education Program and Service Description with the parents and request a parent signature on SE102.

4. If the parent does not attend the conference, mail SE102 and materials indicated in #3 above with cover letter SE103.

E. When practical, all communication will be in the primary language of the home.

F. The parents may approve or refuse the requested evaluation.

1. If the consent form (SE102) is returned with approval, the evaluation may proceed immediately.

2. If the consent form (SE102) is not returned within thirty (30) days, the evaluation may proceed. If so, the parents will be notified that the school intends to proceed with the evaluation.

3. If the consent form (SE102) is returned with REFUSAL, the school may follow due process procedures in order to obtain permission to evaluate.

II. MULTIFACTORED EVALUATION

A. Every effort will be made to insure that children are not misclassified or unnecessarily labeled as being handicapped because of inappropriate selection, administration, or interpretation of evaluation materials. A multi-factored assessment shall be conducted by a multidisciplinary team of personnel qualified to perform the assessment in accordance with State Standards.

B. Information shall be collected from a variety of instruments and sources which are not racially and/or culturally discriminatory. When English is not the primary language of the home, assessment will be conducted in the home language where practical and appropriate.

C. Standardized instruments used shall be administered in accordance with the producer's instructions and for the purpose for which they were validated.

D. The parent of the suspected handicapped child may provide information which shall be included in the multifactored evaluation.

E. Descriptive evaluation data shall be compiled from as many of the following areas, and other areas, as deemed necessary for determining the child's educational performance including the learning characteristics and the child's unique educational needs:

medical history and evaluation,
educational and developmental history,
personal/social/emotional functioning,
*cognitive functioning,
*academic functioning,
vocational/occupational needs,
communication skills,
gross/fine/sensory motor skills,
*adaptive behavior,
*social or cultural background,
*physical condition

*mandatory for suspected mental retardation

F. When evaluating a child suspected of having a specific learning disability, the multidisciplinary team shall also complete SE104 and submit it to the placement team chairperson.

G. All handicapped children shall be re-evaluated, in accordance with requirements of initial placement, at least once every three years, and more frequently if necessary.

REQUEST FOR CONSULTATION
(Pre-Referral)

TO: School Principal Date: _____

After completion, discuss this referral with the building principal.

Identifying Data:

Name: _____ Sex: _____ Birthdate: _____
School: _____ Grade: ____ Teacher: _____
Father: _____ Mother: _____
Address: _____ Phone: _____
Number of absences this year: _____ Days due: _____
Previous test scores and dates administered: _____
_____

Special Program Involvement (student is, or has been, in):
(check where appropriate)

LD/BD Tutoring ___ SBD ___
LD/BD Class ___ Speech and Hearing ____
EMR Class ___ Title I Reading ___
Work-Study Training Program ___ Other ___ Specify _____

Background Information:

A brief description of the child's problem as you see it:

What solutions have been attempted and what resulted from those efforts? (include information from previous years, if available)

Precisely what information do you want the examiner(s) to obtain?

DISCUSS THIS REFERRAL WITH YOUR PRINCIPAL.

Referred by: _____ Room No. _____

Building: _____ Principal: _____

REQUEST FOR PARENTAL PERMISSION FOR INDIVIDUAL ASSESSMENT

Name of Pupil: _____ Birthdate: _____
Building: _____ Date Sent: _____

Parents and Teachers:

Please read the accompanying information before completing this form.

1. Person requesting evaluation: _____
(name) (position)
2. An accurate and concise description of suspected problem(s):
_____
_____
_____
3. Reasons evaluation has been requested: _____
_____
_____
4. Persons who may conduct individual assessment or provide information:

(check)		Name(s)
___	School Psychologist(s),	_____
___	Speech Therapist(s),	_____
___	Teacher(s),	_____
___	Counselor,	_____
___	Other (specify),	_____
___	Other (specify),	_____

PARENTS:

PLEASE READ the attached Information for Parents brochure which outlines YOUR RIGHTS AS A PARENT. It also describes the next steps if you give permission for your child to be evaluated, how the results will be used, and how the school will protect the confidentiality of the information about your child.

If you have information which would be helpful to persons doing the evaluation, please attach a separate sheet or discuss the information directly with them.

If you have questions, or need additional information, please contact:

_____, at _____
(name) (title) (telephone)

Either Part I or PART II MUST be completed.

PART I TO GRANT CONSENT

My rights have been discussed orally with me and the Information for Parents and Special Education Programs and Services brochures have been presented/sent to me.

I HEREBY GIVE MY PERMISSION FOR _____ to receive an
(child's name)
individual assessment by designated school personnel. I understand the information will be shared with teachers, principal, and other appropriate school personnel.

_____
Signature (parent, guardian or custodian)

_____
Relationship to Child

_____
Date

****

PART II REFUSAL TO CONSENT
(DO NOT complete Part II if you completed Part I)

My rights have been discussed orally with me and the Information for Parents and Special Education Programs and Services brochures have been presented/sent to me.

I DO NOT GIVE MY PERMISSION for an individual evaluation for _____.
(child's name)

Reasons: It would be helpful to school personnel, who are desirous of designing an educational program to meet your child's unique needs, if you would share with us your reasons for not giving your permission for an individual evaluation.

_____

_____

_____
Signature (parent, guardian or custodian)

_____
Relationship to Child

_____
Date

*IF NO RESPONSE IS RECEIVED WITHIN 30 DAYS OF MY RECEIPT OF THIS REQUEST, THE SCHOOL MAY PROCEED WITH THE EVALUATION.

****

PART III (to be completed by school)

I certify that the above information and the Information for Parents and Special Education Programs and Services brochures have been discussed orally with and presented/ sent in writing to:

_____ on _____
(parent, legal guardian or custodian) date(s)

_____ _____
(school name) Principal (or school contact person)

****

_____
(date)

Dear Parent(s):

As was recently discussed with you, _____, has been
(child's name)
referred for an educational and/or psychological assessment, to assist us in planning a better program for your child.

Enclosed are two copies of the Request for Parental Permission for Individual Assessment form which describes the reasons for the requested assessment, and who will provide the assessments.

PLEASE SIGN AND RETURN ONE COPY OF THE PARENT PERMISSION FORM IN THE ENCLOSED ADDRESSED, STAMPED ENVELOPE.

Enclosed is a copy of the Information for Parents brochure which outlines YOUR RIGHTS AS A PARENT. It also dsecribes the next steps if you give permission for your child to be evaluated, how the results will be used, and how the school will protect the confidentiality of the information about your child. We are also enclosing a brochure on Special Education Programs and Services.

If no response is received within 30 days of your receipt of this request, the school may proceed with the evaluation.

Thank you for your cooperation. If you have any questions, or need additional information, please contact _____,
(name)
at _____.
(telephone)

Sincerely,

_____
(name) (position)

Enclosures: Information for Parents brochure
Special Education Programs brochure
Parent Permission Form (2 copies)

EVALUATION OF SPECIFIC LEARNING DISABILITY

Student: _____ Grade: ___ Birthdate: _____
School: _____ Date: _____

I. The classroom observation was conducted by:
_____ Psychologist
_____ Other (specify)

II. State whether or not this student has a specific learning disability: _____

III. State the basis for making this determination: _____
_____

IV. Report the relevant behavior noted during the observation of this student: _____

V. What is the relationship of that behavior to the student's academic functioning? _____

VI. State the educationally relevant medical findings, if any: _____

VII. State whether or not there is a severe discrepancy between achievement and ability which is not correctable without special education and related services:
_____

VIII. State the determination concerning the effects of the environmental, cultural, or economic disadvantages:
_____

IX. I certify that this report reflects my conclusion:
_____, School Psychologist
_____, Regular Teacher or other qualified teacher
_____, Title: _____
_____, Title: _____

X. I do NOT agree. This report does not reflect my conclusion:
_____, Title: _____
Reasons: _____
_____, Title: _____
Reasons: _____

CRITERIA FOR DETERMINING THE EXISTENCE OF A SPECIFIC LEARNING DISABILITY

A multidisciplinary team may determine that a child has a specific learning disability if:

1. The child functions within the normal range of intelligence or above (attained IQ above 80). (Program Standards 3301-51-05 B (1) (b))

2. The child does not achieve commensurate with his or her age and ability level in one or more of the areas listed in Item 3 of this section, when provided with learning experiences appropriate for the child's age and ability levels. (Title 45, Section 121a.541 (a) (1))

3. The team finds a child has a severe discrepancy between achievement and intellectual ability in one or more of the following areas: (Title 45, Section 121a.541 (a) (2))
    a. Oral expression
    b. Listening comprehension
    c. Written expression
    d. Basic reading skills
    e. Reading comprehension
    f. Mathematic calculation
    g. Mathematic reasoning

4. The team may not identify a child as having a specific learning disability if the severe discrepancy between ability and achievement is primarily the result of: (Title 45, Section 121a.541 (2) (b))
    a. Visual, hearing or motor handicap
    b. Mental retardation
    c. Emotional disturbance
    d. Environmental, cultural, or economic disadvantage

5. All children being considered for initial placement shall be given a complete examination including a neurological examination by a licensed physician. (Program Standards 3301-51-05 (B) (2))

At least one team member other than the child's regular teacher, shall observe the child's academic performance in the regular classroom setting. In the case of the child of less than school age or out-of-school, a team member shall observe the child in an environment appropriate for a child of that age.

PLACEMENT AND PROGRAM

I. PLACEMENT

A. The school district shall place each handicapped child residing within the district in the least restrictive educational program in accordance with standards adopted by the State Board of Education. Placement in special classes, separate schooling, or other removal of a handicapped child from the regular educational environment shall occur only when the nature or severity of the handicap is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

The continuum of alternative placements may include:

1. Regular classroom with assistance only as needed.

2. Resource room for diagnostic and perscriptive teaching to be applied in the regular classroom.

3. Special class for part of the day or program.

4. Special class for most or all activities.

5. Special school.

6. Homebound instruction.

7. Residential or total care.

B. When a placement is to be made in another school district, another educational agency, or in an agency administered by the Department of Mental Health and Mental Retardation, the superintendent shall consult with the agency directly affected by the placement as early as possible.

C. A conference of the multi-disciplinary placement/IEP team shall be held to make recommendations regarding any change in the educational placement of the child. The multi-factored evaluation and

placement/IEP conference shall be completed within ninety (90) days of the date of referral or the date of application for admittance to the public school by the parents of the child.

D. The school district shall take steps to assure that the parents of the handicapped child are present at the conference.

1. The Placement Team Chairperson shall invite parents to participate in the Placement/IEP conference by sending form letter SE105 at least 15 days prior to the scheduled meeting.

2. In cases where it is not possible or practical for the parent to attend, other alternatives to assure parental participation must be attempted. This should include attempts to obtain parental participation in the development of the IEP through individual or conference telephone calls.

3. The conference may be conducted without the parent provided:

a. the parent furnishes a written waiver of his or her right to participate using form SE105, or

b. there is sufficient documentation of attempts to arrange a mutually agreed upon time and place.

E. Placement/IEP team members should normally include:

*1. Representative of the school district or designee (may be principal), Chairperson

*2. Parent(s)

*3. Teacher(s)

4. Person(s) involved in the evaluation of the child

5. Child, when appropriate

6. Others, at the discretion of the parent or chairperson

*mandatory

For a handicapped child who has been evaluated for the first time, a member of the evaluation team must participate in the conference or the representative of the school district, the child's teacher, or some other person who is present at the meeting, must be knowledgeable about the evaluation procedures used with the child and must be familiar with the results of the evaluation.

F. If a parent has a communication barrier, such as deafness, or English not being the primary language, the school district shall provide an interpreter or take whatever action is necessary to assure that the parent understands the proceedings.

G. Placement/IEP conference participants shall complete SE106.

H. SE106 and other pertinent information shall be forwarded to the superintendent prior to the decision regarding the child's placement unless the superintendent has delegated the placement decision to the placement/IEP committee chairperson.

I. The superintendent shall make a placement decision within fifteen (15) days of the receipt of SE106 and other pertinent information. If the parent(s) did not attend the Placement/IEP meeting or did not sign SE106 agreeing to placement and waiving notification by certified letter, the superintendent shall send form letter SE107 to the parents by certified mail.

J. Upon notification by certified mail, or upon written parental permission for placement with waiver to the right to a certified letter (SE106), the school district will proceed with placement without undue delay.

II. INDIVIDUALIZED EDUCATION PROGRAM (IEP)

A. An individualized education program (ONE PER CHILD) shall be developed for each handicapped child prior to enrollment in special education program or the receipt of related services.

B. Within thirty (30) days after evaluation the child's parents shall be provided a copy of the child's IEP (at the placement conference or by mail - SE107).

C. In the case of a child placed in another school district, a state residential school for visually handicapped or hearing impaired, programs and institutions operated by the Department of Mental Health and Mental Retardation or other educational agencies by the school district of residence, the school district may delegate the development of any part of the Individualized Education Program, but final responsibility for the development of the educational program remains with the school district of residence.

D. The Individualized Education Program shall be developed at the Placement/IEP conference.

III. PERIODIC REVIEW

In conference, at least annually, the teacher and a representative of the school district (or designee) in cooperation with the parents, shall conduct a review of the child's educational placement and individualized education program to evaluate its effectiveness in meeting the educational needs of the child, and, if appropriate, will revise that program.

A. The school district shall take steps to assure that parents of the handicapped are present at the conference by taking parallel steps (substitute form letter SE108 for SE105) to those outlined in PLACEMENT D, 1, 2 and 3.

B. Periodic Review participants shall complete SE106.

PLACEMENT CONFERENCE
AND
DEVELOPMENT OF INDIVIDUALIZED EDUCATION PROGRAM

Name of Student: _____ Birthdate: _____
Date Sent: _____
Dear Parent(s):

At the time that you gave permission for an individual assessment you were informed that you would be invited to participate in the meeting(s) to determine your child's education program.

This letter is to invite you to a meeting for the purpose of:

1. Discussing the results of the individual assessment(s), sharing other information the school may have about your child, and providing an opportunity for you to add other information.
2. Deciding what educational placement is best for your child, and,
3. Developing an individual education program for your child.

The meeting is scheduled for _____.
(date) (time) (place)

Participants will include:

_____ _____
(name) (title) (name) (title)

_____ _____
(name) (title) (name) (title)

We hope that you will be able to attend. You will receive a summary of the meeting within fifteen (15) days after the meeting.

If you have questions or need additional information, please contact: _____ at _____.
(name) (address) (phone)

Sincerely,

_____
(name and title)

PLEASE VERIFY YOUR RESPONSE BELOW AND SEND THIS REPLY BACK TO THE SCHOOL CONTACT PERSON AS SOON AS POSSIBLE

****

Pupil's Name _____

__ I can attend the Conference at the time given above.
__ I cannot attend the Conference at the appointed time, but would be able to come at the following times: _____
__ I hereby waive my right to participate in the development of my child's Individualized Education Program.

_____
(signature of parent/guardian) (date)

____ Placement Team Report: Date: ____
____ Annual Review Report: Date: ____

INDIVIDUALIZED EDUCATION PROGRAM

Pupil's Name (print) _____
(first) (last) (middle)
Birthdate _____ Age ____ School Year _____
Parent/Guardian _____ Address _____ Phone _____
District of Residence: _____
Recommended District or Educational Agency of Attendance:

PROGRAM & SERVICES	Check Needs	Date to be Initiated	Anticipated Duration	Comments
Regular Class				
Class				
Work-Study				
L/D Class				
Resource Room				
L/D Tutoring				
Speech & Hearing				
Phys. Ed. (Adapted)				
Other				

EVALUATION PROCEDURES COMPLETED? INFORMATION GATHERED:
Date Completed: Comments:

_____ Medical _____
_____ Psychological _____
_____ Speech/Hearing _____
_____ Audiogram _____
_____ Visual Testing _____
_____ Teacher Assessment _____
_____ Parent/Teacher Conf. _____
_____ Orthopedic _____
_____ Other _____

Evaluation Data Adequate: Yes ___ No ___
Specify Needed Data: _____

EXTENT OF PARTICIPATION IN REGULAR EDUCATION PROGRAM:

1. ACADEMIC:	2. APTITUDE:	3. SOCIAL READINESS:
4. LEARNING MODALITY:	5. ADAPTIVE BEHAVIOR:	6. OTHER:

REVIEW SCHEDULE: Annual _____ Semi-Annual _____ Other _____

ANNUAL GOALS

SHORT TERM INSTRUCTIONAL OBJECTIVES

EVALUATION PROCEDURES & CRITERIA

THE ABOVE RECOMMENDATIONS HAVE BEEN MADE BY THE PLACEMENT COMMITTEE AND WE FEEL THIS IS THE APPROPRIATE PLACEMENT. CONFERENCE PARTICIPANTS: (include name & title) _____

DATE PLACEMENT COMMITTEE CHAIRPERSON

DATE SUPERINTENDENT OR DESIGNATED REPRESENTATIVE

****

I HAVE REVIEWED THE ABOVE EDUCATIONAL PROGRAM AND ACCEPT ___ DO NOT ACCEPT ___ THE RECOMMENDATION OF THE PLACEMENT COMMITTEE.

(date) (signature of parent)

I AGREE TO WAIVE MY RIGHT TO RECEIVE THE SUPERINTENDENT OR DESIGNATED REPRESENTATIVE PLACEMENT LETTER BY CERTIFIED MAIL.

(date) (signature of parent)

NOTICE OF PROGRAM PLACEMENT

Name of Pupil _____ Birthdate _____
Building _____ Date Sent _____

Dear Parent(s):

The evaluation of your child, which was previously discussed with you, has been completed and our district Special Education Placement/IEP Team has met and made recommendations concerning the most appropriate educational placement and program for your child. The Team recommendations follow:

1. Placement: _____

2. Individualized Education Program: A copy of the recommended education program for your child is enclosed.

3. Development of the Program: The education program was developed by the Placement/IEP Team, based on a study of all the information that was available to them.

4. Least Restrictive Alternative: The Team believes this proposed placement and program is the least restrictive alternative program for your child because it provides for effective remediation of your child's educational needs, yet keeps him/her in as many aspects of the regular school program as possible.

If you disagree with the proposed placement, you have the right to request a Case Conference to clarify any misunderstandings or discuss any disagreements. Also, no change in your child's placement will be made pending resolution of the disagreement.

In accordance with Board of Education policy, you may inspect and/or copy pertinent school reports, files and records of your child by making a written request. Copies are at your expense.

The welfare of your child is a concern we share with you. We believe that the program we have proposed for your child

is in h's/her best interest and solicit your full cooperation to make it work effectively. We look forward to your prompt reply.

PLEASE SIGN ONE COPY OF THE INDIVIDUALIZED EDUCATION PROGRAM (SE106) AND RETURN IT IN THE ENCLOSED ADDRESSED, STAMPED ENVELOPE.

If we do not hear from you within ten (10) days, we will place your child in the program indicated.

If you have questions, or need additional information, please contact:

_____, _____.
(name) (title) (phone)

Sincerely,

_____
(name) (title)

PERIODIC/ANNUAL REVIEW OF SPECIAL PROGRAM PLACEMENT
AND
ANNUAL DEVELOPMENT OF INDIVIDUALIZED EDUCATION PROGRAM

Name of Student _____ Birthdate _____
School _____ Special Program _____
Date Sent _____ Date of Last Review _____

Dear Parent(s):

As stated to you at the time of your child's placement in our special program, a periodic review of this educational placement and its educational effectiveness would be made at least once each year.

This letter is for the purpose of informing you that a periodic review of your child's Individualized Education Program is scheduled for:

Date _____
Time _____
Place _____

The purpose of this conference is to review the progress of your child; determine the appropriateness of this placement; and, develop a new Individualized Education Program.

We hope you will be able to attend the review conference and participate in the discussions. Your participation in the review process will be helpful in planning the most effective program for your child. Your cooperation with the school staff is very much appreciated.

You will receive a written summary of this review at the meeting, or within fifteen (15) days after the meeting. If you have questions, or need additional information, contact _____ at _____.
(name & title) (telephone)

Sincerely,

_____
(name & title)

PLEASE VERIFY YOUR RESPONSE BELOW AND SEND THIS REPLY BACK TO THE SCHOOL CONTACT PERSON AS SOON AS POSSIBLE

****

Pupil's Name _____

_____ I can attend the Conference at the time given above.

_____ I cannot attend the Conference at the appointed time, but would be able to come at the following times:

_____

_____ I hereby waive my right to participate in my child's periodic/annual review and development of my child's new Individualized Education Program.

_____

(Signature of parent/guardian)(date)

****

CONFIDENTIALITY OF DATA/RECORDS

I. CONFIDENTIALITY OF DATA

Parents of suspected handicapped pupils will be given prior notice of confidentiality and access rights to personally identifiable or other pertinent data concerning the evaluation and placement of the child. These rights will be explained to parents in the brochure "Information for Parents".

A. The administrator responsible for assuring the confidentiality of personally identifiable data (Records Control Officer) is:

_____, _____
(name) (title)

The Records Control Officer shall be responsible for:

1. Maintaining the records of all children referred, receiving or in need of special education and related services.

2. Maintaining a list for public inspection, by position (SE109), of authorized employees who have been informed of policies and procedures, qualifying them for access to personally identifiable data (specify how authorized employees were informed).

3. Maintaining a record of authorized persons who have had access to personally identifiable data.

B. Parents have the right to inspect and review all personally identifiable data which is collected, maintained, or used by the school in making educational decisions regarding their child. Upon request, the agency shall provide a listing of the types and locations of such data.

1. The school shall comply with such a request within forty-five (45) days after the request has been made.

2. The parents may request copies of the records containing data regarding their child. A cost of copying fee may be charged for duplicating individual records. A fee may not be charged when the fee would effectively prevent the parent from exercising the right to inspect and review the data. No fee may be charged to search for or to retrieve data.

3. When records contain information on more than one student, parents shall be permitted to inspect, review and/or be informed on only the specific data regarding their child.

4. Schools shall offer to provide a person to aid in explanation and interpretation of record data.

C. A parent must sign SE110 before any personally identifiable data can be released to persons/agencies outside the local school district.

D. All of the rights of the parent shall pass to the child upon reaching the age of majority except in cases where the child is legally determined under State Statute to be incompetent.

II. PARENT CHALLENGE OF WRITTEN RECORDS

Parents who believe that data collected, maintained or used for educational decisions regarding their child are inaccurate or misleading, or violates the privacy or other rights of the child, may request that the school district make appropriate amendments to the data.

A. The school district shall decide whether or not to amend the data in accordance with the request and shall inform the parents of the decision within a reasonable period of time. If the district grants the parent's request to amend the data, such amendment shall be made immediately and the parent shall be so informed in writing. If the school district decides to refuse to amend the data in accordance with the request, it shall advise the parents of the right to an Impartial Due Process Hearing. Such Hearing shall be conducted in accordance with

the procedures described elsewhere in this manual.

B. If, as a result of the hearing or appeal, it has been decided that the data are not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child, the school shall inform the parents of the right to place in the records it maintains on the child, a statement commenting on the data and setting forth any reasons for disagreeing with the decision.

C. Any explanation placed in the records of the child under the preceding paragraph shall be maintained by the school as part of the record of the child as long as the record of contested portion thereof is maintained by the school, and if the records are disclosed or the contested portion thereof is disclosed to any party, the explanation shall also be disclosed to the party.

III. RECORDS DESTRUCTION

A. The school district will notify parents by mailing (by certified mail) SE111 to the last known address, when personally identifiable information collected, maintained, or used is no longer needed or valid in providing educational services to the child.

B. Written notification to the parent, guardian, or legal-age student that the records will be destroyed upon their written request will be mailed to the last known address, when the pupil graduates, becomes twenty-two (22) years old, or under other circumstances (child moves of the district, is no longer eligible for special education, etc.) at the discretion of the district.

C. If, following written notification to the last known address, no response or request is made to destroy the records, the records may then be retained permanently.

D. The school district shall maintain a permanent record of the following data:

1. Child's name, address, and telephone number

2. Birthdate

3. Child's grades and classes attended

4. Attendance record including buildings attended

5. Child's grade level completed and year completed

School District _____

EMPLOYEES HAVING ACCESS TO PERSONALLY IDENTIFIABLE DATA

I. CENTRAL OFFICE (name & position)

A. Superintendent of Schools _____
B. _____
C. _____
D. _____
E. _____
F. Secretary(s) _____
_____ _____

II. INDIVIDUAL BUILDING PERSONNEL

*A. Principal(s)
_____ _____
_____ _____
_____ _____

*B. Teacher(s)
_____ _____
_____ _____
_____ _____

*C. Appropriate Certified Building Staff
_____ _____
_____ _____
_____ _____

D. Appropriate Building Secretary(s)
_____ _____
_____ _____

*Certified personnel directly involved in providing or planning for an appropriate education for the child.

_____ _____
(Records Control Officer) (Date)

PARENT/GUARDIAN/STUDENT CONSENT FOR RECORD RELEASE

To: _____ Re: _____
(name of student)

_____ Age ___ Birthdate _____
(Address)

_____
(date)

A. You are authorized to release the records listed below for the above-named student to: (if self, give own name and address)

_____
(name) (street address) (city, state, zip)

B. Specific data to be released: (please check)

___ All personally identifiable data on file.

___ The following records only: (please state) _____
_____

C. Reason for request: (please check)

___ To aid in present and future educational decisions.

___ Other: (please state) _____
_____

_____ _____
(date) (signature of parent/guardian/student*)
(student must be 18 years old or older)

****

FOR OFFICE USE ONLY

Date Data Released _____ by _____

Date Copies Mailed _____ by _____

PRIOR NOTICE OF POSSIBLE DESTRUCTION OF DATA USED

FOR SPECIAL EDUCATION PROGRAMS AND SERVICES

_____
(date)

To: _____

From: _____, Records Control Officer

Re: Possible Destruction of Data Used for Special Education Programs and Services

Student's Name _____

Birthdate _____

_____ is notifying you that data
(name of school district)
which has been used for the purpose of making educational decisions regarding the above-named student are no longer needed by this school district.

If you wish, the school district will destroy the records, however, please note that information contained in the records may be needed in the future by the parent or student for Social Security benefits or other purposes.

I wish the data to be destroyed: YES NO
circle one

Also, you have the right to be provided with a copy of any of the records. Cost of the copying will be your responsibility.

I wish to have copies of the data: YES NO
circle one

If you have questions, contact the Records Control Officer, at _____, _____.
(phone) (address)

PLEASE RETURN THIS FORM TO THE RECORDS CONTROL OFFICER WITHIN TEN (10) DAYS.

DUE PROCESS AND PROCEDURAL SAFEGUARDS

I. PARENT SURROGATES

The rights of the child shall be protected when the parents of the child are unknown or unavailable, or when the child is a ward of the state of when the child is without a formally declared legal representative.

A. When written permission is not forthcoming from the child's parent or legal guardian to begin any of the evaluation processes, a written inquiry shall be sent to the adult in charge of the child's place of residence, as well as to the parents or legal guardian at their last known address. If these efforts find that the child is without a parent or guardian, or if it is otherwise known that they are unavailable, then a request for a parent surrogate will be filed with the superintendent of the school district.

B. Upon receipt of a request for a parent surrogate, the superintendent or his designated representative shall, within 30 days, utilize all available information to determine if the child is in need of a surrogate and shall assign one if such study so indicates.

C. The parent surrogate will be responsible for protecting the rights of the child through the complete decision-making process including the appeals process, if that occurs, and the first review of the placement.

D. The parent surrogate shall not be an employee of the school district, state or local educational agency involved in the education or care of the child.

E. The school district or other educational agency, shall individually or in cooperation with other districts provide an information program for parent surrogates regarding their role and responsibilities.

F. A child who has reached the age of majority may request a parent surrogate when no parent is available.

G. To the extent possible, parent surrogates should match the child's cultural and linguistic background.

II. PROCEDURES FOR RESOLVING DIFFERENCES

In the event that there is concern or disagreement about the evaluation, placement, educational program or periodic review of any handicapped student, the following procedures have been established to resolve those differences.

A. Case Conference

1. The Case Conference is an informal procedure to provide the parent, school, and educational agency an opportunity to review, clarify, or interpret information and/or educational decisions regarding the child.

2. A Case Conference may be requested by the school, parent or educational agency, orally or in writing.

3. The requested case conference shall be conducted without undue delay at a time and place convenient to all parties.

4. Participants will include the parent(s), the pupil, if appropriate, principal (or designee) and may include others such as: a parent representative, regular teacher, psychologist, special teacher, supervisor, etc. All parties involved will have the right to invite other persons having data related to the case.

5. Every effort will be made at the Case Conference level to resolve any disagreements.

6. Any party dissatisfied with the decision reached in the Case Conference may present a formal complaint in writing to the Superintendent. Form SE112 shall be provided to the parent.

B. Administrative Review

An Administrative Review may be requested by parent or agency, when there are differences concerning the evaluation, placement, educational program or periodic review of the child.

1. The request shall be made in writing to the superintendent on SE112.

2. Upon receipt of the request, the superintendent shall conduct the review at a time and place convenient to all parties, and shall notify all parties in writing of his/her decision within twenty (20) days.

3. All parties have the right to invite others to the review, including legal counsel.

4. Every effort shall be made at this level to resolve any disagreements and avoid a formal hearing.

5. Any party dissatisfied with the results of the Administrative Review may present a formal complaint, in writing and within twenty (20) days to the Board of Education and the superintendent, requesting an Impartial Due Process Hearing. Form SE113 shall be provided to the parent or SE114 to the agency.

C. Prehearing Conference

Upon mutual agreement of all parties involved, and on behalf of all parties involved, the superintendent may contact the Ohio Division of Special Education to arrange a Prehearing Conference.

D. Impartial Due Process Hearing

An Impartial Due Process Hearing may be requested by the school district, the parent(s) (Form SE113), or other persons having primary care, custody or educational responsibilities (Form SE114) for the child.

1. If the parent or other persons as described above requests the Hearing, they shall do in

writing to the Board of Education and the superintendent. The superintendent shall provide a copy of the request to the administrative head of the school or agency providing the program to the child.

2. If the Hearing has been requested by someone other than the child's parent(s) (for example, the school district or cooperating educational agency - Form SE114), then the following applies:

   a. The parent(s) shall be informed in writing of the request, the reason(s) for the request, and shall be invited to participate in the proceedings.

   b. All communications from the school district and the Hearing Officer shall be directed to both the person requesting the hearing and the parent(s).

3. Upon receipt of the request for a hearing, the superintendent shall provide a copy of the Impartial Due Process Hearing Procedures to all concerned parties.

4. Qualifications and Training of Impartial Hearing Officers:

   a. No Impartial Hearing Officer shall be an employee of the school district or other educational agency involved in the education or care of the child whose educational program is in question.

   b. A list of approved Impartial Hearing Officers with their qualifications is maintained by the school district. Training will be provided by the Miami Valley Regional Center for Handicapped Children.

5. Upon receipt of a request for a Hearing, the superintendent will contact the Impartial Hearing Officer mutually selected by the superintendent

and the parent(s) from a list of qualified Impartial Hearing Officers. The Impartial Hearing shall be conducted within forty (40) days unless otherwise mutually agreed.

a. If the parent(s) and the superintendent cannot agree upon an Impartial Hearing Officer, the State Department of Education shall appoint one.

b. If an agency which is under the direction of the Department of Mental Health and Mental Retardation or another school district is directly affected by a placement decision and objects to such decision, an Impartial Hearing Officer, appointed by the school district and the objecting agency, from a list prepared by the State Department of Education in consultation with the Department of Mental Health and Mental Retardation, shall conduct a Hearing to review the placement decision.

E. Impartial Hearing Officer's Responsibilities

Upon selection, the Impartial Hearing Officer shall be responsible for conducting the Hearing (and related pre- and post-Hearing activities) in accordance with State Board of Education Program Standards, 3301-51-16.

F. Impartial Hearing Officer's Decision

The Impartial Hearing Officer's decision shall be binding on all parties. If the case is appealed, the decision of the Hearing Officer shall be adhered to pending outcome of the appeal.

G. Costs

Costs incurred in the Impartial Due Process Hearing procedure will be assumed by the school district of the child's residence except in the following cases:

1. The parties requesting an independent evaluation shall assume the cost of such evaluation.

2. Expert testimony, outside medical evaluation, and attorney fees, will be paid for by the party requesting such services.

3. Cost of the verbatim transcript of the Hearing will be paid for by the school district. One copy of this transcript will be made available to the parent upon request. Additional copies will be paid for by the parents.

4. When an agency requests an Impartial Due Process Hearing as described in Section 3323.04, Ohio Revised Code, the agencies that are parties to this Hearing shall divide the costs of such hearing equally.

H. State Level Review

Any party dissatisfied by the findings and decision rendered in the Impartial Due Process Hearing or by the failure to provide a Hearing as described above, may appeal to the State Board of Education which shall review the procedures undertaken in the hearing of the case and issue a final order.

1. An appeal for review of the decision of the Impartial Hearing Officer may be initiated by the parents, the superintendent, or other educational agency to the appropriate State Board of Education official within twenty (20) days of receipt of the Impartial Hearing Officer's decision.

   a. When the superintendent wishes to appeal to the State Board of Education, the superintendent shall be responsible for notifying the parents in writing of the intent to make such an appeal and provide the parents a copy of all information being sent to the State Board of Education.

   b. The parents shall be advised of their right to send to the State Board of Education information other than that sent by the superintendent and to provide the superintendent with the same information.

2. Upon receipt of a request for a state-level review, the State Board of Education shall consider the appeal based upon a study of materials provided by the superintendent and the parents.

   a. The State Board of Education may request further information, either by oral testimony or in writing, and whatever technical assistance is deemed necessary.

   b. The State Board of Education shall issue a final order within sixty (60) days of receipt of the appeal unless requests for further information have necessitated an extension of time.

   c. Copies of the State Board of Education's decision, written in English and in the native language of the home if other than English, shall be sent by certified mail to the superintendent, the parents, and to the Hearing Officer who conducted the local Impartial Due Process Hearing.

   d. The decision of the State Board of Education shall be binding on all parties and subject only to judicial review.

   e. The superintendent of the school district where the child resides shall be responsible for implementing the decision of the State Board of Education.

I. Appeal to the Courts

Any party dissatisfied by the final order of the State Board of Education may appeal the final order to the Common Pleas Court of the county in which the child's school district of residence is located under the provisions of Sec. 3323.05 (F), Ohio Revised Code.

REQUEST FOR ADMINISTRATIVE REVIEW

Request for the Superintendent to review my concerns regarding the educational evaluation, placement, or program of:

Name of Child _____ Birthdate _____ Age ____

Program _____ School _____

Reason for Request: _____

_____

_____

_____

Send request directly to:

_____
(name and title)

_____
(address)

_____
(city) (state) (zip)

_____
(signature of party requesting review)

_____
(relationship to child)

_____
(mailing address)

_____
(city) (state) (zip)

_____
(telephone number)

_____
(date)

FOR OFFICE USE ONLY

(date received)
(by whom)

PARENT REQUEST
FOR
IMPARTIAL DUE PROCESS HEARING

President of Board of Education	Superintendent
Address of President of Board	Address of Superintendent
City State Zip	City State Zip

Name of Child _____ Birthdate _____

Address _____ Telephone _____

School and Program Child Attends _____

Name of Parent or Guardian requesting the hearing:

_____ Telephone _____

Address _____
(Street) (City) (State) (Zip)

Reason(s) for requesting the hearing: _____

_____

_____

_____
Signature of Party Requesting Hearing

_____
Relationship to Child

_____
Date

FOR OFFICE USE ONLY

(date received)
(by whom)

AGENCY REQUEST FOR IMPARTIAL DUE PROCESS HEARING

President of Board of Education	Superintendent of Schools
Address of President of Board	Address of Superintendent
City State Zip	City State Zip

Name of Child _____ Birthdate _____

Parent(s) Name/Address _____

_____ Phone _____
City State Zip

School and Program Child Attends _____

Address _____

Name of Administrative Head of Agency Requesting Hearing

_____

Name of Agency Requesting the Hearing _____

Address _____ Phone _____

Reason(s) for requesting the hearing: _____

_____

_____

_____
Signature of Agency Head

_____
Date

FOR OFFICE USE ONLY

Date Received
By Whom

DEFINITIONS

A. "Consent" means the parent understands and agrees in writing to the carrying out of the activity for which his or her consent is sought, and the consent sets forth that activity and lists the records (if any) which will be released and to whom. The parent has been fully informed of the information in his or her native language, unless it clearly is not feasible to do so. The parent understands that the granting of consent is voluntary on the part of the parent. Blanket consent for all activities is not appropriate.

B. "Continuum of alternative placements" shall be made available by the school districts or in cooperation with other school districts, another educational agency, or with an agency administered by the Department of Mental Health and Mental Retardation, in accordance with the plan approved by the State Board of Education under Section 3323.08, Ohio Revised Code.

These alternatives include:

1. Regular classroom with assistance only as needed.
2. Resource room for diagnostic and prescriptive teaching to be applied in the regular classroom.
3. Special class for part of the day or program.
4. Special class for most or all activities.
5. Special school.
6. Homebound instruction.
7. Residential or total care.

C. "Days" means calendar days unless specified otherwise.

D. "Destruction" means physical destruction or removal of personal identifiers from data so that the data is no longer personally identifiable.

E. "Due Process" means the safeguards to which a person is entitled in order to protect himself and his rights.

F. "Evaluation" means those activities involved in gathering data about a specific child, including such methods as testing and interviewing, for the purpose of determining an appropriate educational placement for the child and does not include basic tests or procedures used as part of the instructional program with all children in a particular class, grade or school.

G. "Handicapped child" means a person under twenty-two (22) years of age and who has one or more handicaps as described in adopted State Board of Education Program Standards for Special Education.

H. "Identification" means those activities designed to locate handicapped children or children with potential handicaps and is ordinarily associated with the referral process prior to evaluation activities.

I. "Individualized Education Program" means a written statement for each handicapped child designed to meet the unique needs of the child, which statement shall include:

1. A statement of the present levels of educational performance of such child. This performance level is the base from which short-term instructional objectives are formulated in areas such as social adaptation, emotional maturity, prevocational and vocational skills and activities of daily living, and academic achievement.

2. A statement of annual goals, including short-term instructional objectives:

   a. Annual goal - expected behavior to be achieved through the implementation of the child's individualized education program. These goals must meet the unique needs of each handicapped child as determined by appropriate assessment techniques and/or instrumentation.

   b. Short-term instructional objectives - the intermediate steps in the accomplishment of the stated annual goals.

3. A statement of the specific services to be provided to such child, the extent to which such child will

be able to participate in regular educational programs. Educational services, includes those related services as defined in the State Board of Education Program Standards 3301-51-19 required to meet the unique needs of the handicapped child as documented in the child's current Individualized Education Program.

4. The projected date for initiation and anticipated duration of such services.

5. Appropriate objective criteria and evaluation procedures and schedules for determining, on at least an annual basis, whether instructional objectives are being achieved, and whether current placement is appropriate.

J. "In-School" means the child is enrolled and attends school within the school district or has been placed in another school district, or in any agency administered by the Ohio Department of Mental Health and Mental Retardation or Ohio Youth Commission for the purposes of receiving a special education program and/or related service.

K. "Least Restrictive Alternative" is an appropriate public education designed to meet the unique needs of each handicapped child in such a way as to assure that the child's removal from the regular education environment is no more restrictive than necessary to insure a maximum educational experience. That is, to the maximum extent appropriate, the handicapped child is educated with children who are not handicapped, and that special classes, separate schooling, or other removal of handicapped children from the regular educational environment occurs only when the nature or severity of the handicap is such that education in regular classes, with the use of supplementary aids and services, cannot be achieved satisfactorily.

L. "Multi-factored Evaluation" means an evaluation of more than one area of a child's functioning so that no single procedure shall be the sole criterion for determining an appropriate educational program placement. This process shall be designed to insure that children are not misclassified.

M. "Native Language" means the verbal or non-verbal language

normally used by the parents of the child or in the environment from which the child comes.

N. "Notice" or "Notification" means a written and oral statement in the native language or the home unless it is clearly not feasible to do so.

O. "Other educational agency" means a department, division, bureau, office, institution, board, commission, committee, authority, or other state or local agency, an agency administered by the Department of Mental Health and Mental Retardation, other than a school district that provides or seeks to provide special education or related services to handicapped children.

P. "Out-of-school" means the child is neither enrolled nor attends school within the school district or any other educational agency.

Q. "Parents" means either parent. If the parents are separated or divorced, parent means the parent with legal custody of the handicapped child. Parents also includes a child's guardian or custodian, surrogate appointed in accordance with these standards, or the child himself once he reaches the age of 18.

R. "Periodic Review" means those activities involved in evaluating the appropriateness of a child's placement after a period of time. In no case shall such period of time exceed one year from the time of placement.

S. "Personally Identifiable" means data which includes:

1. the name of the child, the child's parent(s), or other family member;

2. the address of the child;

3. a personal identifier, such as the child's social security number or student number;

4. a list of personal characteristics or other information which would make it possible to identify the child with reasonable certainty.

T. "Placement" means those activities involved in arriving

at a decision regarding the most appropriate pattern of special education program and/or related services for the child and includes actual implementation of the decision.

U. "Placement Team" means a group of multi-disciplinary professional staff persons appointed by the superintendent of residence organized for the purpose of reviewing information regarding individual handicapped children and making recommendations regarding the most appropriate educational program placement for the child.

V. "Related Services" means transportation, and such developmental, corrective and other supportive services as may be required to assist a handicapped child to benefit from special education, including the early identification and assessment of handicapping conditions in children, speech pathology and audiology, psychological services, occupational and physical therapy, physical education, recreation, counseling services, and medical services, except that such medical services shall be for diagnostic and evaluation purposes only.

W. "School District" means a city, local, exempted village, or joint-vocational school district or a county board of education.

X. "Served" means that an appropriate special education program and/or related service(s) is being provided the handicapped child. "Unserved" means that an appropriate special education program and/or related service(s) is not being provided the child, that the child needs a special education program and/or related service(s).

Y. "Special Education Program" means the required related services and instruction specifically designed to meet the unique needs of a handicapped child, including classroom instruction, home instruction, and instruction in hospitals and institutions.

Z. "Superintendent" means the administrative head of the school district in which the child resides, or his designated representative, unless otherwise indicated.

SPECIAL EDUCATION PROGRAM AND SERVICES DESCRIPTION

Students will be provided these special education program and services based upon:

1. Meeting eligibility requirements as defined in Standards, and,
2. The child's demonstrated need as described in the IEP

I. ASSISTANCE IN REGULAR CLASS

Consultant services from special education supervisors and school psychologists are provided to assist the classroom teacher in modifying the regular class curriculum and teaching techniques to meet the needs of children whose behavior, learning style, or learning rate differs to a significant degree from most children, but does not require tutoring or special classroom placement.

II. SPEECH, HEARING AND LANGUAGE SERVICES

This program provides identification, diagnosis and remediation of speech, language and hearing problems through individual or small group therapy sessions of no more than thirty (30) minutes per day. Assistance is also provided to the classroom teacher for those children experiencing language and articulation problems.

III. LEARNING DISABILITIES PROGRAM (L/D)

This program is designed to serve the child of average of above general intelligence who has a significant deficit in academic skills because of: (1) a learning disability which makes it difficult for him/her to understand, organize or express information, or (2) a behavior problem which makes it difficult for him/her to learn in the regular class setting. The goal of the program is to return the child to regular classroom by providing intensive, individualized instruction and remediation. A medical evaluation is required for placement. Class size is limited to 8 - 10 children.

IV. INDIVIDUAL SERVICES

Children who qualify under State Board of Education Standards may receive the following services:

In-school Tutoring for children with learning disabilities/behavior disorders, hearing impairments, and visual impairments. This service may be provided up to five (5) hours per week and is designed to provide sufficient assistance to enable the child to function successfully in a regular class.

Home Instruction for physically or severely behaviorally disordered students whose handicap is serious enough to preclude school attendance. This service may be provided up to five hours a week.

V. PROGRAM FOR SLOW LEARNING CHILDREN (EDUCABLE MENTALLY RETARDED/INDIVIDUAL ASSISTANCE/WORK STUDY)

This program is designed for children who exhibit significantly below average levels of general ability, academic performance, and adaptive behaviors. It provides intensive, individualized instruction in a class of reduced size (12-22 students). The program is designed to provide the child with the academic, social and vocational skills needed for success as a self-supporting adult. Children participate in the regular program whenever the experience best meets their educational and social needs. The program culminates in a work-study program for juniors and seniors.

VI. INDIVIDUAL SUPPLEMENTAL SERVICES

Children who qualify under State Board of Education Program Standards may receive the following services: boarding home for physically handicapped students; reader service for visually impaired children; guide service for visually impaired children, and attendant services for crippled children.

PROGRAMS PROVIDED ON A MULTI-DISTRICT BASIS

I. HEARING IMPAIRED

An intensive, individualized program is provided in classes of 6-8 students. The instructional program emphasizes language development and adaptive skills with the goal of providing each student with academic, social and occupational skills necessary for independence as an adult. When feasible, children are integrated into the regular program.

II. VISUALLY IMPAIRED

An intensive, individualized program is provided in classes of 8-12 students, and through itinerant teacher service. The program emphasizes use of residual vision, orientation mobility training and other adaptive skills with the goal of providing each student with academic, social and occupational skills necessary for independence as an adult. When feasible, children are integrated into the regular program.

III. ORTHOPEDICALLY HANDICAPPED

An intensive, individualized program is provided in classes of 8-12 students. The program emphasizes optimal student development by teachers and therapists with the goal or providing each student with academic, social and occupational skills necessary for independence as an adult.

IV. AUTISTIC-LIKE

An intensive, individualized program is provided in classes of 5-7 students. The program emphasizes activities designed to increase competency in language and socially acceptable behavior with the goal of providing each student with academic, social and occupational skills necessary for independence as an adult. When feasible, students are integrated into the regular program.

V. SEVERE BEHAVIOR DISORDER

An intensive, individualized program is provided in classes of 6-8 students. The program is operated in conjunction with community mental health centers. Program emphasis is on assisting the student in acquiring academic skills and behaviors with the goal being to successfully return the student to his/her home school.

VI. SEVERE AND/OR MULTI-HANDICAPPED

An intensive, individualized program is provided in classes of 5-7 students. The program serve students such as deaf-blind, deaf-crippled, deaf-behavior disordered and severe language disordered. Program emphasis is on language acquisition, and improvement in behavior and daily living skills so that the child can be in a less specialized educational setting.

VII. PROGRAMS OPERATED BY THE COUNTY BOARDS OF MENTAL RETARDATION

This program is designed to serve children and adults who demonstrate a severe developmental lag in intellectual, social or adaptive behavior. The program offers intensive instruction in communication, caring for self, social competence, physical development, and vocational skills and attitude for pre-school, school age children, and adults.

INFORMATION FOR PARENTS

The Educational Assessment and Decision-Making Process

* * *

WHAT IS THE BEST LEARNING SITUATION FOR YOUR CHILD?

Children learn in different ways. We know that some settings and methods seem to work better for some children than for others.

HOW CAN YOU AS PARENTS, HELP FIND THE BEST PROGRAM FOR YOUR CHILD?

This pamphlet tells about the evaluation and decision-making process used by the school to find the best learning situation for your child, so that you will know what to expect and what you can do.

BEFORE THE EVALUATION

Someone has become concerned about your child's progress in school and has talked with the Principal about it. The school feels the need to know more about your child and would like to begin an evaluation procedure. The school is asking you if your child can be evaluated.

- If you do sign the enclosed form and return it, the school may begin evaluation now.
- If you do not answer in 30 days, the school may evaluate your child.
- You can say "No", but the school may request an Impartial Due Process Hearing.

WHEN YOUR CHILD IS EVALUATED

The school will ask the school psychologist, and possibly other specialists such as the speech therapist, school nurse, etc., to gather information about your child.

In gathering this information, the school psychologist or educational specialists may use a variety of methods and/or tests such as:

1. Classroom Observations may be made in order to view your child's manner of approaching various learning and/or social tasks.

2. Interviews with you, your child, and school staff may take place regarding the nature of the problem.

3. Academic Aptitude (I.Q.) Tests may be used in order to determine development in such areas as reasoning, remembering, language usage, and creating ideas. This information will help the school set realistic goals for this period in your child's life.

4. Academic Achievement Tests may be given to measure how well your child has learned basic skills such as reading, spelling, and arithmetic.

5. Special Ability Tests are often used to give indications of the accuracy with which a pupil uses vision, hearing, and muscular coordination. To be able to hear is not necessarily to be able to listen. To be able to see is not to be able to look.

The information gained from the evaluation should be helpful to the school in providing a better educational program for your child.

It should also be remembered that tests can only measure current functioning and the results must be used along with other information to obtain an accurate picture of the child.

The information that has been gathered will then be shared with an Instructional Placement Committee consisting of people such as: principal, school psychologist, teacher, supervisor, speech therapist. This committee will make a recommendation to the Superintendent about the best educational plan for your child.

The Superintendent will decide what is the best plan and why and send you a letter telling you about it. Your child's educational plan will not be changed without your knowledge or until a decision is reached in an Impartial Due Process Hearing. If you should not agree with the Superintendent's

decision, you should contact him. You will be asked how you feel about the Superintendent's decision and told what you may do if you disagree.

If you have questions about your child's educational program or any of the information in this brochure, contact your school principal or _____.

PARENT'S RIGHTS IN THE EDUCATIONAL EVALUATION AND DECISION-MAKING PROCESS

- Right to deny permission for any proposed evaluation activities.

- Right to review and inspect all records upon which educational decisions are made, to obtain a copy of such records at actual cost of copying, and to request amendments be made to the data.

- Right to obtain an independent evaluation of the child at your own expense and introduce such information into the child's record.

- Right to present complaints with respect to the evaluation or educational placement of the child, or the provision of special education, or the provision of special education, to the Superintendent of the school district in which the child resides.

- Right to a due process hearing conducted by an impartial hearing officer including:

  1. the right to be accompanied and advised by counsel and by individuals with special knowledge or training with respect to the problems of handicapped children.
  2. the right to present evidence and confront, cross-examine and compel the attendance of witnesses.
  3. the right to written or electronic verbatim record of such hearing.
  4. the right to written findings of fact and decisions.

- Right to be fully informed, in writing and oral form of all proposed evaluation, placement, and periodic review, activities and decisions in the native language of the home.

- Right to obtain a description of the kinds and number of facilities, program options, services, and personnel provided handicapped children by the school district or other education agency.

- Right to have a conference (or communicate in other ways) with any person participating in educational decisions during the evaluation placement, and/or periodic review process.

* * *

CONFIDENTIALITY AND ACCESS TO PERSONALLY IDENTIFIABLE DATA

- Written parental consent shall be obtained before personally identifiable data are:

    - disclosed to anyone other than authorized officials except as provided in state or federal law.
    - used for any purpose other than making educational decisions regarding identification of the child.

- Parents have the right to a response from the school to requests for explanations and interpretations of the data (school has up to 45 days to show records after parents request to see them).

- The school shall keep a record of parties obtaining access to personally identifiable data.

- The school shall provide parents upon request a listing of the types and locations of data collected, maintained or used by the agency relative to the placement of handicapped students.

* * *

CHILD'S RIGHTS

A. Right to a free and appropriate public education.
B. All the rights of the parent shall pass to the child upon reaching the age of majority except in cases where the child is legally determined under State statute to be incompetent.

ELEVEN IMPORTANT QUESTIONS ABOUT CLASSES FOR STUDENTS WITH SERIOUS LEARNING AND BEHAVIORAL DISORDERS

Special classes for students with serious learning and behavioral or emotional problems are available, in Greene County. Your child is being considered for placement in one of these classroom units. As a concerned parent, we expect that you will be wanting answers to several important questions. The following will hopefully provide most of those answers for you. If you find that you have additional questions, you should feel free to direct them to the psychologist serving your school district.

1. Why has this program been created?

   Public school personnel have, for years, been aware of many students who were experiencing rather severe learning and behavioral or emotional problems. In addition, there has been a feeling that special programs tailored to meet the needs of these students have been lacking. Special classroom units for children with serious learning and behavioral disorders, will attempt to meet this need.

2. Who will the program serve?

   The program is available to students throughout Greene County. However, only a limited number of students can be served. Each school district will be permitted to refer a small number of students who seem likely to make real progress in a program such as this.

3. Where will the classroom units be located?

   The units will be located in or near Xenia. They are not to be housed within a regular school building because the students to be served, in most cases, have had rather negative experiences in school and thus tend to react poorly in a traditional school environment.

4. How will my child be transported to this special school unit?

   Transportation will be provided by the Regional Office

for Handicapped Children. Parents will not be expected to transport their child to or from the school unit.

5. Who, exactly, will be operating this program?

   Each classroom unit will be staffed by a teacher who is specially certified to work in a classroom of this sort. A teacher's aide will also be assigned to each unit. In addition, staff from The Greene County Children's Mental Health Agency will be available to assist the teachers and their aides.

6. What will be the roles of these various professionals?

   The teachers and aides will be responsible for carrying out an individualized program of instruction for the students. They will provide support and encouragement to the students and will attempt to create an environment in which real learning can occur. The mental health professionals will be responsible for carrying out a varied program of therapeutic services for students and their families.

7. What is the overall purpose of this program?

   The purpose of the program is to provide assistance in dealing with behavioral problems without significantly disrupting the students education. A healthy environment where both personal and intellectual growth can occur is to be provided. An ultimate goal of the program is to phase each student back into his or her school.

8. How will this classroom be different from others that my child has been in over the past years?

   To begin, the classes are smaller than usual, accomodating anywhere from six to eight students. Further, each class has a specially trained teacher and a teacher's aide, with regular assistance from mental health professionals. Finally, the daily schedule will incorporate a variety of activities. Considerable time will be devoted to academics or to "school work". In addition, many activities of a strictly therapeutic nature will be built into the week's schedule (individual counseling, group counseling, activities and recreation

therapy and the like). Of course, every aspect of the program is therapeutic and designed to assist the young person in dealing with his emotional and behavioral problems.

9. How will my child's home school participate in this program?

   The home school will help to shape the curriculum of each student while that student is involved in the program. It should be emphasized that regular school credit will be earned while in this program. The home school will also assist in the job of carrying out a smooth transition of the student from the special classroom unit back into that home school.

10. How long will my child remain in this program?

    The goal is to return the student as quickly as possible to the home school, but not until there is real assurance that the individual is ready to succeed in that environment. Time spent in the special classroom unit will, of course, vary from one child to the next.

11. How are we, the parents of this child, to be involved in this program?

    You will aid this program by insuring your child full and steady participation in the special classes. You will also be expected to participate in parent discussion groups to be conducted on a regular basis, and perhaps in family therapy if the staff sees fit to make this recommendation.

    We hope that you will give careful consideration to the recommendation that your child be enrolled in this special classroom program. We look forward to the opportunity to work closely with you during this coming school year.

    Doris Purdom, Director
    Greene County Learning Center

    Dennis Maloy, Director
    Greene County Children's
    Mental Health Program

GREENE COUNTY LEARNING CENTER

PARENT AGREEMENT FORM TO PARTICIPATE IN APPROPRIATE THERAPY

NAME: Mother: _____ Date _____
Father: _____

SCHOOL DISTRICT: _____ BUILDING _____

Having conferred with _____, school psychologist for _____ school district and mental health therapist from GCLC, I am fully aware of my (son's) (daughter's) problems at home and school. The program has been explained to me to my satisfaction and I agree that (he) (she) may attend the Greene County Learning Center. I realize my responsibilities and that my full cooperation with the staff of the Greene County Learning Center program is crucial to my (son's) (daughter's) progress. I agree to see to it, as far as possible, that my (son) (daughter) will attend school daily, except in the case of illness, or some excused absence.

In order to receive the insight and/or emotional support that may be necessary throughout this endeavor, I agree to attend the appropriate parent group, as described by the psycho-therapist for the program, and/or receive individual therapy, if it's necessary.

I further agree to have conferences with the teachers of the SBD program at specified times, of which I will be notified by the teacher.

Signed,

_____
Mother

_____
Father

GREENE COUNTY LEARNING CENTER

STUDENT AGREEMENT FORM FOR PARTICIPATION IN APPROPRIATE THERAPY

STUDENT'S NAME _____ DATE _____

D.O.B. _____ AGE _____

SCHOOL DISTRICT _____ BUILDING _____

Having talked with _____, school psychologist for _____ school district and the mental health worker from GCLC, I have had the program explained to me to my satisfaction. From this explanation, I feel the program will be helpful to me personally and with my school work.

I plan to do the best I can, in therapy and in class. I will attend school daily unless I'm sick or excused by my parents for some valid reason.

Signed,

_____
Student

SUMMARY
STUDENT INFORMATION SHEET GREENE COUNTY LEARNING CENTER

(To be completed by building principal or counselor or GCLC teacher.)

Date _____

STUDENT'S NAME _____ D.O.B. _____ AGE _____

ADDRESS _____ PHONE _____

PARENTS: Mother _____ Marital Status: M D S
Father _____ Phone _____

PARENTS' ADDRESS _____

Student's Intellectual Level: _____

Student's Present Achievement Level: Math:

(Instrument Used) _____ Reading:

Spelling:

Other:

Description of Student's Behavior:

Is student on probation with Juvenile Court? ___ ___
yes no

If yes, reason for probation:

Teacher's comments on observations:

Recommendation:

PARENTS-GREENE COUNTY LEARNING CENTER

Mother's Name _____ D.O.B. _____ Age _____

Father's Name _____ D.O.B. _____ Age _____

Address: _____ Phone _____

Marital Status: Married __ Widow(er) __

Divorced __ Separated __

Married more than once? Explain

Education: (Check highest completed)
Grade School __ Jr. High __ High School __ College ___
(State Degree)

Mother's occupation _____
Father's occupation _____
Religious preference _____ Do you attend church regularly? _____
What church? _____ Where? _____
Number of children ___ Boys __ Ages _____ Girls __ Ages ____
How long have you lived in current residence? _____
Do you drink alcoholic beverages? _____ How much? _____
Do you use drugs other than medical prescriptions? _____
How much? _____
Physical condition (Explain any medical problems):
Mother:
Father:
Did son/daughter develop normally (walking, talking, etc.)?

Does son/daugher have any eating problems?

Sleeping problems (How many hours sleep each night?)
Bedwetting?
Medical problems (State medication and reason for it)?

How much television does son/daughter watch? _____
(hours daily)

Does your son/daughter drink alcoholic beverages? ____
How much? _____

Does your son/daughter use drugs other than medical prescriptions? _____ How much? _____

Does your family take vacations together? Yes __ No __

Does the family usually do things together? _____
What kind of activities? _____

Does your son/daughter have friends, hobbies, special interests? ____ Explain: _____

What is your son's/daughter's problem as you see it? (State verbatim)

Mother's reply:

Father's reply:

State goals that you have for your son/daughter (Academic, behavior, career)

Mother:

Father:

END OF MONTH OBSERVATION FORM

Student's Name _____ Month _____ Year _____
Teacher _____ Group _____
Therapist _____

(Please write your response in Anecdotal Form)

I. ATTITUDES TOWARD ADULTS:

II. ATTITUDES TOWARD OTHER KIDS:

III. GROUP ROLE AND ATTITUDES TOWARD THE TOTAL GROUP:

IV. ATTITUDES TOWARD ROUTING AND DISCIPLINE:

V. INTERESTS AND AVERSIONS:

VI. SPECIAL STRONG POINTS:

VII. PROBLEM TRENDS REVEALED:

VIII. THOUGHTS, FANTASIES, FEARS:

IX. HEALTH AND BODY ACTIVITIES:

MONTHLY GROUP OBSERVATIONS

Group _____ Date _____

Members:

Observer, Recorder _____

(Please attend to things such as emerging leaders, organizers, second in command, scapegoat, tone-setter, rebel, etc. Group mood and atmosphere. Group code, deviation tolerance, tastes, aversions, subgroup formation, contagion clusters, manageability. State your role in the group and how you feel about the various aspects of the group.)

Level System: TO DEVELOP RESPONSIBLE, SELF-MANAGED STUDENTS

Students enrolled at the Greene County Learning Center have been rejected by the mainstreat of public education generally because of:

1. Inconsistent attendance in all or part of their classes.

2. Physical aggression towards other students and faculty.

3. Inappropriate language (swearing, arguing, name-calling, sassing and other forms of verbal non-compliance.)

4. Disruptive behaviors (excessive tardiness, loud and boisterous behaviors, belligerent non-compliance of school rules.)

5. Major deficits in academic achievement.

The student <u>needs</u> to learn to behave appropriately in relatively non-structured, non-controlled situations -- situations which offer more freedom to students because they are not controlled by teachers or other external agents. With the level system, a student progresses from Level 1, where he experiences much teacher direction and control, through successive levels where many more freedoms and responsibilities are enjoyed.

BASIC COMPONENTS OF THE LEVEL SYSTEM

1. <u>Contingency Contracting</u>: The vehicle selected to help teachers and students clearly state progress objectives.

   A. At the beginning of each level, the teacher and student agree upon the terms of the contract.

   B. The contractual agreement describes what has to be accomplished in order to progress from one level to the next higher level, (objectives).

1) Behaviors in the areas of appropriate and inappropriate social interactions, in school and on bus.

2) Behavior ratings by peers.

3) Academic assignment completion.

C. Teacher and student review the data collected on the objectives during baseling and/or previous levels in order to determine and set objectives for the present level.

D. The formal contract is completed, dated, signed by the student and teacher and posted in a conspicuous spot on the "levels board" to provide a cue for appropriate behavior (Appendix 15 a through f).

1) Appropriate reminders can be used for particularly troublesome behaviors.

2) Colored cue cards about specific goals and objectives can be posted along with contracts for pinpointing.

2. Data Collection:

A. Data needs to be gathered throughout the school day to yield a realistic measure of each student's progress - reflecting total performance.

1) Data collection cannot interfere with or impede teaching responsibilities.

2) Data collection system must be simple enough that students can later assume responsibility for its collection.

3) Data must be accurate and reliable.

B. Frequency data system

1) The aide in the room is designated as primary data collector, however, the teacher also records.

2) Inappropriate behaviors are grouped in five coded categories (15g).

3) Appropriate behaviors are also grouped in five coded categories (15h).

4. Data then collected on these behaviors throughout the program.

C. Each teacher and aide has a clipboard with a data sheet listing the names of the students in the class on the vertical axis and the class periods divided into 15-minute time segments on the horizontal axis (15i).

1) When any of the designated behaviors occur, the code for that behavior is entered in the current interval.

2) All behaviors occurring within the same interval are recorded sequentially (15i).

D. Reliability of observations - the aides of the two classes periodically exchange rooms for a class session and observe the class and record behaviors simultaneously but independently of the teacher.

1) Reliability is computed as a percentage of agreement between the independent observer and classroom teacher.

2) The sequenced behavior codes generated by the observer and the teacher are aligned and compared.

3. Academic Performance

A. Clear, well-defined objectives - from assessment.

B. Individualized and personalized - learning style, teaching strategies.

C. Expectancies for each class period are clearly outlined and defined by the teacher at the beginning of each class (15j).

1) Successfully completing the assigment in each class during the day satisfies one of the conditions stated in the contingency contract.

2) Completion of academic assignments is perceived as a skill highly valued by teachers in the mainstream and requires satisfactory performance.

D. Students with similar academic weaknesses can be grouped for various activities.

E. Students also work independently on tasks provided specifically for their needs.

F. Criterion for completion of an assignment is clearly stated by the teacher - including all activities if completion includes more than one - This includes all academic and non-academic areas - (reading, math, spelling, writing, physical education).

G. Social Communications or Social Studies (in conjunction with group therapy perhaps) students learn about principles of behavior.

1) Behaviors have consequences - these consequences affect future behavior.

2) Behaviors have antecedents - the antecedents also affect their behavior.

3) Freedoms are contingent upon responsible behavior.

4) Work on problem solving and value analysis procedures.

H. Students are expected to participate in group therapy - Attendance and participation result in a completed assignment.

4. Peer Ratings

A. During the school day, students are involved in four different settings that are non-structured. (The goal of the level system is to develop within the student the ability to manage his own behavior and behave responsibly in non-structured settings.):

1) Bus transportation to and from school.

2) Breaks between the class periods.

3) Lunch period.

4) Physical Education - dressing, when necessary.

B. System of evaluating student behaviors during these times is a peer rating system - students help evaluate fellow-student's behavior.

C. Peer evaluations are made by a total class each day - (a clear explanation of the rating system is given to the class prior to the rating session.)

1) The total class rates one student from each group each day.

2) All students are given a rating sheet (15k), with the names of the students on the sheet to be rated that day.

3) Rating scale is 1 through 5.

a. Rating of 1 is poorest rating, denoting that the person being rated was highly aggressive, deviant, didn't follow school rules, caused problems for himself and others. (No appropriate behavior.)

b. Rating of 5 is the best rating, denoting excellent compliance with school rules, helpful, friendly and kind.

c. Rating of 3 indicates appropriate and inappropriate behavior occurring equally.

d. Rating of 4 - more appropriate behavior than inappropriate.

e. Rating of 2 indicates more inappropriate behavior, but some appropriate.

f. The column marked N/A is for non-applicable, marked when a fellow student has not been involved with the student being rated in a particular situation. (e.g. if a student didn't ride to and from school on the same bus), he would mark the non-applicable column.

D. Students to be rated daily: one student is randomly selected from each class (different student each day) and his name is placed on the rating form (15k), so that a student is rating one student from his own class and a student from the other class.

E. To control for positive and negative effects by friends or enemies that result from unrealistic marking, you automatically drop five ratings of one and five ratings of five.

F. Total the ratings and divide by the number of students rating that day to arrive at an average rating - which can be posted on a graph next to the contracts and other level system materials.

G. Peer ratings are an important facet because it helps students to be conscious of their behavior during non-structured activities.

5. Reinforcing Behavior Change and Building Responsible Behavior

A. To elminate inappropriate behavior and build new positive social skills is the main purpose of the level system which includes six basic levels

beginning with much external control and progressing toward greater internal motivation and self management.

1) Level 1: academic and social behavior monitored; recorded and graphed by the staff; student earns points on a period to period basis which are exchanged for privileges and activities - reinforcing immediately.

2) Level 11: Student functions on a more delayed reinforcement basis - points a student earns for a full day are used to obtain all privileges and activities for the next day.

   a. Student begins to graph his own behaviors so he can be aware of his progress in both social and academic areas.

   b. Students on Level 11 are given some time at the end of each day to graph recordings.

3) Level 111: Student earns his points on a weekly basis; he obtains privileges for the coming week in advance.

   a. Student now records and graphs his own behavior.

   b. He is still monitored by staff members.

4) Level 1V: Student is off the point system.

   a. Student works on a merit and demerit system.

   b. Merits and demerits are awarded for broad classes of behaviors.

   c. e.g. A student may receive a merit for appropriate behavior during an entire class period - this differs from points

which are awarded on an immediate basis for smaller increments of behavior.

d. A student might receive merits for responding appropriately in group therapy or for specific appropriate classroom behaviors like working quietly and attentively during independent work sessions.

e. The merit-demerit system of reinforcement isn't as tightly controlled nor as closely monitored.

f. Privileges and activities are obtained on a daily basis according to the number of merits received the previous day.

g. The students have more freedom in the classroom - are responsible for recording, graphing and monitoring their own behavior with some periodic checks by teachers.

h. Beginning with Level 1V the student starts to have experiences in his or a neighboring school.

5) Level V: Student monitors, graphs and records his own behavior - with occasional reliability checks.

a. Merit and demerit reinforcement system moves to a weekly basis, with privileges being earned a week in advance.

b. All basic activities (arts, crafts, etc.) in the center are available without any special contingency arrangement.

c. Student begins to have one or two periods per day in home school - where possible.

6) Level VI: Student is completely on his own to monitor, record and graph his own behavior.

a. Staff gives demerits only for gross violations of rules.

b. Student may attend home school for a longer portion of the day.

c. Student contracts for re-entry into mainstream for two-week probationary period - at which time he continues to monitor, record and graph his own behavior.

B. The student progresses from one level to the next on the basis of three factors:

1) Ratings of their behaviors by their peers.

2) Actual social behaviors during the school day.

3) Academic performance.

C. Specific criterion for advancing from level-to-level differs for each student and is based on the baseline of pre-program level of functioning.

1) Individual contracts are developed between the student and teacher.

2) They contract what has to be accomplished in order to progress from the level he is on to the next higher level.

D. Some students may need additional responsibility in skills such as planning and scheduling of work and study times and goal selection.

Adapted from Level System of
Jordan Resource Center,
Salt Lake City, Utah.

CONTRACT FOR RESPONSIBILITIES LEVELS (LEVEL 1)

I, _____, contract to become responsible for my behavior at school and on the bus. If I am able to demonstrate my responsible behavior adequately, I may progress from Level 1 to Level 2.

The specific requirements are as follows:

1. Social Behaviors:

In order for me to progress to Level 2, I must be able to receive no more than _____ inappropriate marks and at least _____ appropriate marks on my graph for eight out of ten days.

2. Academic Behaviors:

In order for me to progress to Level 2, I need to earn my points each period for eight out of ten days.

3. Peer Ratings:

In order for me to progress to Level 2, my peers must rate my behavior, both at school and on the bus, as being at least an average of _____ on the peer rating sheets for a period of two weeks. It will automatically be rejected for level change if I receive any ratings of 1.

I understand that I must meet criterion for my social behavior, academic behavior, and peer ratings during the same two week period to progress to Level 2.

If I successfully complete the above requirements, I will be able to move from Level 1 to Level 2 and participate in the responsibilities and privileges of that level.

DATED this _____ day of _____, 197__.

_____
Student

_____
Teacher

15a Contracts Level 1
166

CONTRACT FOR RESPONSIBILITIES LEVELS (LEVEL 2)

I, _____, contract to become responsible for my behavior at school and on the bus. If I am able to demonstrate my responsible behavior adequately, I may progress from Level 2 to Level 3.

The specific requirements are as follows:

1. Social Behaviors:

In order for me to progress to Level 3, I must be able to receive no more than _____ inappropriate marks and at least _____ appropriate marks on my graph for eight out of ten days.

2. Academic Behaviors:

In order for me to progress to Level 3, I need to earn my points each period for eight out of ten days.

3. Peer Ratings:

In order for me to progress to Level 3, my peers must rate my behavior, both at school and on the bus, as being at least an average of _____ on the peer rating sheets for a period of two weeks. I will automatically be rejected for level change if I receive any ratings of 1.

I understand that I must meet criterion for my social behavior, academic behavior, and peer ratings during the same two week period to progress to Level 3.

If I successfully complete the above requirements, I will be able to move from Level 2 to Level 3 and participate in the responsibilities and privileges of that level.

DATED this _____ day of _____, 197__.

_____
Student

_____
Teacher

CONTRACT FOR RESPONSIBILITIES LEVELS (LEVEL 3)

I, _____, contract to become responsible for my behavior at school and on the bus. If I am able to demonstrate my responsible behavior adequately, I may progress from Level 3 to Level 4.

The specific requirements are as follows:

1. Social Behaviors:

In order for me to progress to Level 4, I must be able to receive no more than __ inappropriate marks and at least __ appropriate marks on my graph for 16 out of 20 days or 12 days consecutively.

2. Academic Behaviors:

In order for me to progress to Level 4, I need to earn my points each period for 16 out of 20 days or 12 days consecutively.

3. Peer Ratings:

In order for me to progress to Level 4, my peers must rate my behavior both at school and on the bus, as being at least an average of __ on the peer rating sheets for a period of 16 out of 20 days or 12 days consecutively. I will automatically be rejected for level change if I receive any ratings of 1.

I understand that I must meet criterion for my social behavior, academic behavior, and peer ratings during the same period of time to progress to Level 4.

If I successfully complete the above requirements, I will be able to move from Level 3 to Level 4 and participate in the responsibilities and privileges of that level.

DATED this _____ day of _____, 197__.

_____
Student

_____
Teacher

15c Contracts Level 111

168

CONTRACT FOR RESPONSIBILITIES LEVELS (LEVEL 4)

I, _____, contract to become responsible for my behavior at school and on the bus. If I am able to demonstrate my responsible behavior adequately, I may progress from Level 4 to Level 5.

The specific requirements are as follows:

1. Social Behaviors:

In order for me to progress to Level 5, I must be able to receive no more than ___ demerits and at least ___ merits on my graph for 8 out of 10 days or 6 days consecutively.

2. Academic Behaviors:

In order for me to progress to Level 5, I need to complete my assignment each period for 8 out of 10 days or 6 days consecutively.

3. Peer Ratings:

In order for me to progress to Level 5, my peers must rate my behavior, both at school and on the bus, as being at least an average of ___ on the peer rating sheets. I will automatically be rejected for Level change if I receive any ratings of 1.

I understand that I must meet criterion for my social behavior, academic behavior, and peer ratings during the same period of time to progress to Level 5.

If I successfully complete the above requirements, I will be able to move from Level 4 to Level 5 and participate in the responsibilities and privileges of that Level.

DATED this _____ day of _____, 197__.

_____
Student

_____
Teacher

15d Contracts Level 1V

CONTRACT FOR RESPONSIBILITIES LEVELS (LEVEL 5)

I, _____, contract to become responsible for my behavior at school and on the bus. If I am able to demonstrate my responsible behavior adequately, I may progress from Level 5 to Level 6.

The specific requirements are as follows:

1. Social Behaviors:

In order for me to progress to Level 6, I must be able to receive no more than ___ demerits and at least ___ merits on my graph for 8 out of 10 days or 6 days consecutively.

2. Academic Behaviors:

In order for me to progress to Level 6, I need to complete my assignment each period for 8 out of 10 days or 6 days consecutively.

3. Peer Ratings:

In order for me to progress to Level 6, my peers must rate my behavior, both at school and on the bus, as being at least an average of ___ on the peer rating sheets. I will automatically be rejected for level change if I receive any ratings of 1.

I understand that I must meet criterion for my social behavior, academic behavior, and peer ratings during the same period of time to progress to Level 6.

If I successfully complete the above requirements, I will be able to move from Level 5 to Level 6 and participate in the responsibilities and privileges of that Level.

DATED this _____ day of _____, 197__.

_____
Student

_____
Teacher

15e Contracts Level V

CONTRACT FOR RESPONSIBILITIES LEVELS (LEVEL 6)

I, _____, contract to become responsible for my behavior at school and on the bus. If I am able to demonstrate my responsible behavior adequately, I may go back to my regular school.

The specific requirements are as follows:

1. Social Behaviors:

In order for me to go back to my regular school, I must be able to receive no more than ___ demerits and at least ___ merits on my graph for 16 out of 20 days or 12 days consecutively.

2. Academic Behaviors:

In order for me to go back to my regular school, I need to complete my assignments each period for 16 out of 20 days or 12 days consecutively.

3. Peer Ratings:

In order for me to go back to my regular school, my peers must rate my behavior, both at school and on the bus, as being at least an average of ___ on the peer sheets. I will automatically be rejected for level change if I receive any ratings of 1.

I understand that I must meet criterion for my social behavior, academic behavior, and peer ratings during the same period of time to go back to my regular school.

If I successfully complete the above requirements, I will be able to go back to my regular school.

DATED this _____ day of _____, 197__.

_____
Student

_____
Teacher

Inappropriate Behaviors

1. IV - INAPPROPRIATE VERBALIZATION

   Using defamatory or threatening language towards another person or task. Verbalizations that have no relevance for the teacher-designated task, or verbal comments that are meaningless, argumentative, or excessively loud. Any oral noise without teacher permission in the learning area.

2. IL - INAPPROPRIATE LOCALE

   Student is out of assigned area (either in or out of the classroom) or student is out-of-seat (buttocks not on chair or chair and/or desk are out of the assigned area.

3. AG - AGGRESSION

   Harsh physical contact with other students and not simply the threat to do so, e.g., fighting, kicking, poking, hitting, slapping, spitting, biting, throwing objects at, pushing, shoving, etc. Student engages in behavior that results in physical destruction of property, e.g., defacing of books, writing on desks, gouging tables or chairs.

4. DI - DISTRACTIONS

   Playing with objects or other slight disturbatory behavior that is or could potentially be distractive to others in the learning area.

5. NC - NON-COMPLIANCE

   Reacting to commands or requests by complaining or groaning or by totally ignoring the request altogether.

15g Definitions for Inappropriate Behavior Codes
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Appropriate Behaviors

1. PT - POLITE TALK

   Conversation that includes such terms as: please, thank you, excuse me, you're welcome, I beg your pardon, I'm sorry. Verbal or non-verbal expression of acceptance or appreciation of an action or behavior exhibited by another person.

2. RA - RESPONDING APPROPRIATELY

   Reacting to commands or requests in an acceptable manner either physically or verbally; compliance without groaning or other displays of disgust.

3. EX - EXTINCTION

   Student appropriately ignores the inappropriate behaviors of others, particularly if they are directed at him.

4. S+ - REINFORCEMENT

   Specific expression of acceptance or appreciation. More specific than polite talk. Reinforcement comments must include a specific statement about the action that was performed: e.g., "Thanks for picking up my pencil for me", "I really appreciate how nice you've been to me this week".

5. NR - NORMATIVE

   The student, without specific directions, behaves in appropriate and acceptable ways. This coding is used only if no other codings are more descriptive.

15h Definitions for Appropriate Behavior Codes

DATE _____

STUDENT'S NAME	11:15	11:30	12:30	12:45	1:00	1:15	
	NR PT	DI AG IV	IL PT ST	RA			
	AG DI IL	IV AG DI	PT ST EX	RA			

OBSERVER _____

151 Level System Behavior Recording Sheet

DAILY SUBJECT CONTRACT

NAME _____ DATE _____

SUBJECT _____ COMPLETE

1. _____ _____
   _____

2. _____ _____
   _____

3. _____ _____
   _____

Teacher _____ Student _____

15j Daily Subject Contract

RATER _____
DATE _____

NAME _____

PEER RATINGS

	1	2	3	4	5	N/A
BREAKS						
LUNCH						
BUS						
PHYS. ED.						

TOTAL RATINGS _____ TOTAL COLUMNS _____

15k Peer Rating Sheet

MONTHLY PROGRESS REPORT

Students from Greene County Learning Center

TEACHER _____ GROUP _____ MONTH _____

STUDENT'S NAME _____

HOME SCHOOL _____

PRINCIPAL IN HOME SCHOOL _____

GRADE PLACEMENT IN HOME SCHOOL _____

Progress in Subject Areas: (Appropriate level of achievement in each subject area; skills being worked on.) Comment on.

Reading; Spelling; Writing:

Mathematics:

Social Studies; History:

Science:

Activities: (Physical Education; Art; Music)

COMMENTS:

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